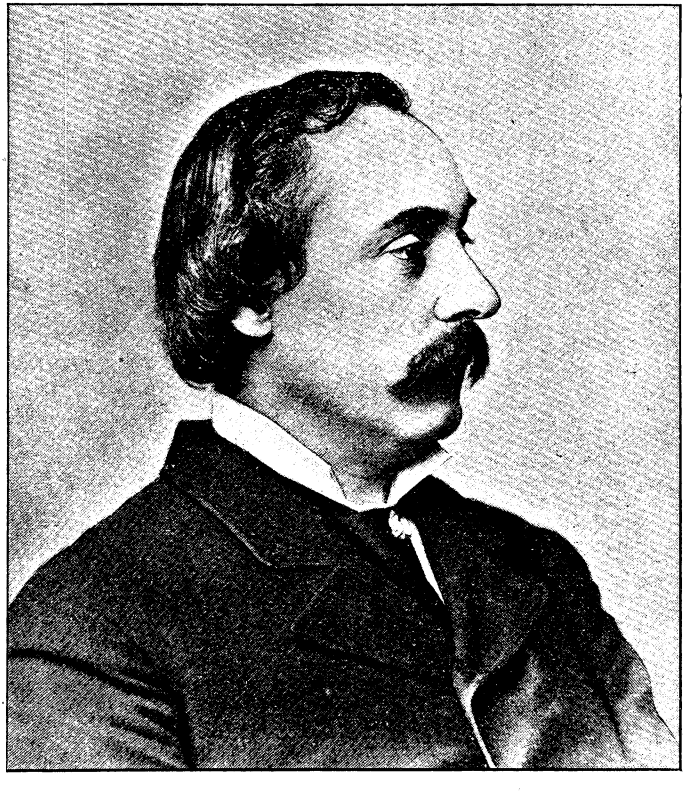

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ITEMS OF INTEREST.

VOL. XI. PHILADELPHIA, DECEMBER, 1889. No. 12.

Thots from the Profession.

DENTAL OBLIGATIONS.

F. J. VAN DER PANT, L.D.S.I.,

Read before the British Dental Association at Southsea, England, June 23, 1888.

The Patient visits the Dentist frequently in a condition of great mental and physical prostration, and is quite dependent on his skill and conscientious treatment, as well as his kindest consideration; and it is surely not too much to add that these should always be found by every sufferer requiring dental aid. If a practitioner's time is too valuable to devote to the treatment of a person that cannot remunerate him, it would be proper not to undertake it, but rather to hand him over to some professional brother who may not have the same demands on his time, tho of equal skill, but, having a reputation to make, would be satisfied with a smaller fee.

Again, lightness of touch is demanded almost equally with skill. A faulty tooth may be magnificently restored, and become a monument of enduring fame, and yet the ordeal to the patient be so terrible that no persuasion could induce to a repetition of it.

It is quite probable to forget that our masterpiece is not hewn out of stone or sculptured marble, but raised on a living, and often highly sensitive organ, susceptible in the highest degree.

Sometimes, no doubt, we must be "cruel to be kind," and one may be quite as liable to err in lacking firmness through yielding to an excess of unreasoning fear and timidity, with the result of spoiling the Patient and rendering any future operation still more difficult, as well as forfeiting our own self-respect. It needs almost a second curriculum, which, however, time and experience can alone teach us, viz., that the management of our Patient may be commensurate with our skill in treatment of the numerous lesions that present themselves.

And when all this is done, our obligation is not yet fulfilled. Many things which may appear but trifles are gratefully accepted, and

indeed ordinarily expected. Scrupulous regard to cleanliness, especially in our hands, and indeed all the surroundings, should be quite innocent of any reminders of former operations; and it would be well to avoid any display of apparatus not absolutely necessary for immediate use, but within easy reach in emergency.

Again, the utmost care should be exercised to avoid as far as possible any diminution of patience and self-control, however sorely tried, as they must be everyday in a large practice. This lesson will prove very salutary, and in time cost scarcely an effort. The obstreperous patient may feel the silent rebuke of this calmness of demeanor, and perhaps be tempted to follow our example; but at the least there will be the satisfaction of knowing we have done our best, and this will reconcile us to many failures, and win for us respect.

Let us not be afraid to require a fair and full equivalent for our labors, and as far as possible make our fees uniform. The American "*time*" system is doubtless the best and simplest, and, were it generally adopted, would save us much loss of time and money. If Patients knew that when an appointment was made, the failure to fulfil it did not cancel the obligation or fee, we should be less troubled by this source of annoyance, which I fear is on the increase. In many instances little or no sense of obligation to keep an appointment is felt by the Patient.

So young, however, are we as a recognised profession, and so heavily have we been handicapt by the outsider and charlatan, that it is not surprising that the public eyes us somewhat suspiciously, and fails to accord us that measure of respect and confidence which is our due. Let all remember that every member of the dental profession can do something toward the great work of placing it on a firm and assured basis, by proving by his life and actions that he is indeed worthy of the confidence and respect of his Patients.

THE AMERICAN DENTAL ASSOCIATION.

Extracts From Reflections of the Correspondent of the *Odontographic Journal.*

The last meeting of the American Dental Association, held at Saratoga, led to some serious reflections on the mutability of organizations, and the possibility, near or remote, of this body having passed its perihelion of usefulness, and tending, as the two previous organizations, to decay and final extinction. No one can contemplate the decline and fall of any organization with equanimity, especially one such as this that has received the talent and effort of the best men in this country for more than a generation, and yet remains a monument to their unselfish work. The thoughts that naturally arise in this connection lead me beyond the limits of a letter; but I must be per-

mitted to give my views on the necessity of a change of procedure to avoid destruction in the near future.

There are two prominent disintegrating forces at work, and have been seriously undermining the foundations for a long period. They are briefly:—(1st). The stringency of constitutional enactments and the combined determination of a few "learned in the law," to enforce these to the bitter end; and (2d), the annual effort to make this convention a political machine in which the legitimate work of such a body is subordinated to the struggle of rival factions for the control of the presidency.

The first of these is by far the most serious. A certain class of men, in all bodies, assume that without parliamentary law, society in general, and their societies in particular, would go down in a general wreck. Their whole ambition seems to be concentrated in an effort to make the letter of the law perfect, and to bid defiance to its spirit. This kind of talent does not seem to be commingled or inter-changeable with scientific ability. Your modern Jefferson, Mathias, or Cushing, sits serenely under party discussions, silent and unmoved by any scientific scintillations, waiting for the supreme moment when there may be an infraction of the law. This, at times, has its serious as well as its humorous side, but the first concerns us the more. Men do not leave their homes and travel great distances to be regaled with questions of order that may be decided with questionable luminosity after prolonged discussion. They do not care to have some one of the "learned gentlemen" sit down unceremoniously on one desirous of giving his thoughts and experiences, but who may not have fulfiled all the requirements of the law to entitle him to the floor. They desire to have something added to acquired knowledge, and return home refreshed with the social life that surrounds, and should be an essential part of these gatherings. Your "rise to a point of order" man is a thorn in the flesh, a disturber of the peace, an obstruction to all scientific progress, and should be relegated to ward meetings, where his peculiar talent ought to make him a shining light. Law, in scientific bodies, should be simple and elastic; but for some years it has been of ironclad variety in this association, till now it has become dangerous for one to even ask the privilege of giving his views unless he is sure he stands correct on the treasurer's books. The disgraceful scene enacted during an evening session, in which one of the fathers of the profession, and one whose voice is never heard but with profound respect, was called to order as not being a member in good standing—those who saw this humiliating sight and witnessed this venerated man tremble with agitation at this unlooked-for call to order, will probably never forget it, and if we could hope that it would be a

lesson to the "law and order man," it would be worth all it cost; but this is not to be expected, for in the face of venerated age insulted in the house of its friends, these men were busy trying to prove that age or service had no rights that an association was bound to respect. Instead of welcoming every word of intellectual light, these blatant defenders of a law would stamp enlightment to death, and with it the prosperity and usefulness of the body. This insidious influence has been at work now for years, and its deadly effect is beginning to be apparent in loss of interest, meetings of little value, absence of men who could alone make these occasions worthy of the loss of time, money and strength to attend them.

THE DENTIST IN CHINA.

EDITORIAL IN COSMOS.

Somewhat more than two thousand years ago the art of making hard porcelain was invented in China at Sin Ping, and the place has ever since been famous for its porcelain potteries, tho its fame did not reach England till about the fourteenth century, and the product was then termed China ware.

Crude imitations of natural tooth-crowns in porcelain for use as dental substitutes were made in France as early as 1774, and introduced into this country in 1818.

The fact that primarily we are indebted to the Chinaman for "China teeth" was the thought with which we began to write a brief notice of the following fact.

Dr. Robert Ivy, of Shanghai, has just informed us that his partner, Dr. H. Mason Perkins, has been appointed "Private and Official Dentist" to Li Hung Chang, the viceroy, or chief counselor to the emperor of more than 400,000,000 people, who constitute the Chinese empire, at once the oldest continuous government and the most extensive and exclusive nation on the globe. There is, therefore, a notable significance in the official recognition of the American dentist by the Chinese premier, who thus introduces to his Oriental compeers and countrymen a representative of the youngest profession from the newest nation of the Occident.

At all points the Chinese wall of prejudice seems to be giving way before the advance of the forces of modern civilization, and it is no small honor that dentistry has so early obtained governmental recognition.

That the work has only begun, and that progress will be slow and unremunerative in the dental field, seems evident from what Dr. Hall, of Shanghai, said before the American Dental Association at its last meeting, as reported in the *Dental Cosmos* for September, page 676. There are, nevertheless, great possibilities in such an immense country and among a people so numerous, persistent, ingenious, and well educated in many things.

WOMEN DENTISTS.

W. R. SPENCER, WEST POINT, VA.

Among the items in the October ITEMS OF INTEREST I notice one entitled "Woman Dentist." There seems to be a growing tendency among the women of the present day to undertake what may be called man's work. We have women doctors of medicine, law and theology, lecturers, telegraph operators, clerks and accountants without number, and now our own profession has been invaded, and we have women dentists.

Now it does seem to me the line ought to be drawn somewhere, and as a dentist I protest against this invasion of our right. I am a young man, doing fairly well in my profession, and hoping some day to be able to have a home of my own, with a wife to reign over it, but the Lord deliver me from one of these professional women! and I am sure this will find an echo in the heart of every true man.

It is only when a woman has made up her mind to relinquish all hope of home, and I am tempted to say of Heaven—all desire to lean on an arm which her Creator has made stronger than her own, that it may support her in health, shield her from want and protect her in danger, that she seeks man's work. It is only when she despises to be a help meet for man, a joy to the household; only when she has lost all maternal instincts, and determined to destroy all that tends to make her lovely and lovable to man—only when she has become a man hater—should she turn to the vocation of man for a support, and become a competitor with him in the great struggle for existence. There is also another reason why women should not be encouraged to undertake man's work, which is intensely practical, and threatens to be serious, viz., women place too low an estimate on their labor. Man, expecting a family to support, places such value on his labor as will enable him to do so; but in nearly every instance where woman is brought into competition with man she performs the work for about one-half, or we may say just enough to keep herself in food and raiment, with no thought for the future and no provision for a family. This competition thus forcing the price of labor down to just enough to support one person, will necessarily compel men and women to live separately. None but the "born rich" will dare to marry.

Now some may think this is straining the point a little, but the tendency is in this direction, and everything which weakens the reciprocal love and respect of a noble man and a pure woman, which finds expression in the family relation, is contrary to the will of the great Creator, and must result in moral depravity. Therefore, I would keep women out of our noble professions.

IMPLANTATION.

Report of Dr. H. A. Smith in American Dental Association.

At the last annual meeting of this body I presented a report on implantation in which were given the views of a number of dentists who had implanted teeth, regarding the causes of failure, manner of attachment, etc.

Believing that the practical question now is, How long will these operations remain successful? I again addressed a series of questions to the profession with the object of obtaining statements regarding the present condition of their cases of implantation.

The oldest case of implantation reported to be in perfect condition is the one made by Dr. W. J. Younger, July 17, 1885,—more than four years ago. Between the date of this operation and November, 1885, Dr. Younger has a record of twenty-six cases.* Of these only three were absolute failures; two were lost by accidental means; two are doubtful, yet hopeful; while the nineteen are perfect. All will doubtless agree with Dr. Younger when he says, "I regard this as an exceedingly satisfactory showing, and when the conditions for success in both patient and tooth are well understood, there can be no doubt that even a *better* result will be obtained."

Dr. A. C. Hungenschmidt, of Paris, furnishes a report of six cases of implantation. The first of these operations was made early in 1888. Four, or about 67 per cent., are now in excellent condition. Two that were lost were comparatively fresh teeth when implanted, while the four successful ones were old and dried teeth, one having been out of the mouth twenty years, and another twenty-five years. He thinks that the age of the tooth to be implanted has nothing to do with the success of the operation. The peridental membrane appears to be of no use, since its revivification is impossible, and if it is inserted with the implanted tooth it is sure to be absorbed and disappear, as witnessed in his second unsuccessful case.

The mode of attachment, he thinks, is a close adaptation by deposition of bone around the sterilized foreign body—a kind of bony encystment. All of Dr. Hugenschmidt's operations were done under the influence of cocaine, introduced hypodermically, and he states with perfect success.

Of the twenty-six cases reported by Dr. Younger, twelve were implanted on the day of extraction, producing nine successful cases,

* Dr. Younger in a note says, "I regret I cannot give a complete list of all the implantations I have performed, with the data you request, because, with three or four exceptions, I have only made record of those cases performed in my office, where a fee was charged. Those performed as practice to acquire skill in operating, those for patients of other dentists, or at clinics, I made no note of. These cases are very much in excess of those recorded in my case-book."

two doubtful, and one failure. Two implantations were made with teeth a few days old: one was successful, one failed. In the remaining twelve cases "old teeth" were used. Of these nine were successful, three failed.

The general opinion has been that fresh teeth should be used for implantation. In the report last year we quoted Dr. Geo. Cunningham, of London, as saying: "Thus far I have used only freshly extracted teeth, and believe that if a tooth is implanted before the death of the pericementum and cementum, the prospect of union is increased and the loss by absorption decreased." Dr. Ottolengui also recommends that the teeth used should not be more than one week old. The data just given do not bear out the opinion of these gentlemen, since out of thirty-two cases the percentages of success with old and with fresh teeth are about equal.

Dr. Hugenschmidt states that he has abandoned the practice of implantation, at least for the present, because of the failures occurring in his practice, as well as those he has observed from the hands of some of our best operators. The immediate success of the operation depends, he thinks, on a close adaptation of the tooth to the new socket and the observance of strict antiseptic precautions throughout. He attributes his failures to a lack of skill in forming the socket, whereby space was permitted around the root of the tooth for the development of pathogenic micro-organisms.

Dr. A. McFadyn, of California, reports thirteen cases of implantation since October, 1887, "with the most gratifying results in each." He fills the roots with chlora-percha and finishes the apex with gold. Bichloride of mercury, 2 to 1000, is used to sterilize the tooth, the instruments, and hands; Walker instruments used to prepare the socket.

Dr. G. L. Curtis reports: "I have implanted fifty teeth since October 8, 1886. When last seen or heard from, all were in a healthy condition except eight. Two of these were lost from absorption; three from decay of crowns, leaving roots firmly attached in the jaw; two by accident, and one from overstrain due to supporting one end of a long bridge. With but few exceptions, bands or staples connected to the adjoining teeth have been used to retain the implanted teeth in position until they became attached to the jaw. The bands were usually removed in from four to eight weeks. Bichloride of mercury was used as an antiseptic, followed by phenol-sodique as a mouth wash. Instruments known as the Younger set were used. The age of patients varied from fourteen to fifty-eight years.

Dr. W. N. Morrison reports (in a general way) twelve cases of implantation. Nine of these were dried teeth obtained from extracting houses, the others were freshly extracted teeth. The first implantation

was made April 17, 1886, and all, with two exceptions, are doing well. These two, the upper right first and second bicuspids, placed in the same mouth September 28, 1887, when last heard from were still in place, but not firm. In one case the upper right cuspid stood very much inside the line of the other teeth. It was extracted and placed in a new socket in its proper position, and proved a success. The roots of all teeth implanted were filled with gold wire and chlora-percha. No trimming of the roots was done. Supporting plates of thin vulcanite were made for each case and worn continuously for thirty days, and at night and at meals for fourteen days longer.

Dr. Louis Ottofy furnishes a full report of thirty-eight cases of implantation. Of these three were repetitions, one with gold root, and two more experiments, leaving of *bona fide* cases thirty-two. Of these, two failed by accident. Of the remaining thirty cases twenty-two are in good condition, four doubtful, and four have failed. The doubtful cases, as well also as the four failures, he states "were good cases." Hence the ratio of successes to failure is as 22 : 8, or 73 per cent. successful.

Dr. R. Ottolengui recently contributed to the literature of this subject a valuable paper: "Implantation Surgically Considered." First calling attention to the importance of a thorough study of the anatomy of the maxilla by those who undertake implantation, he insists upon the adoption of the most thorough antiseptic precautions throughout the operation, and gives the methods of accomplishing this. He describes the anatomical relation of the several classes of teeth to the maxilla, and gives in detail the manner of making the operation with incisors, cuspids, bicuspids, and molars—upper and lower. To those who wish to implant teeth and who may not be able to observe the operation clinically, a study of these descriptions will prove valuable.

In this paper he relates a case of implantation of the first bicuspid, in which he accidentally penetrated the antrum while preparing the socket. The severe hemorrhage which followed evidently came from a wounded arteriole in the lining membrane of the cavity. While the tooth was in place the blood escaped through the natural opening of the antrum, dripping into the throat behind the soft palate. After a few days serious complications arose, endangering the life of the patient, and not till five weeks after the operation was restoration complete. This case is instructive, inasmuch as it teaches of the possible (and with some classes of teeth the probable) danger of penetrating the antral cavity in our implantation operations.

Our statistics show a greater number of bicuspids implanted than all other teeth combined (25 to 20.) It is with these teeth that the greatest danger is attended—with the upper bicuspids of penetrating

the antrum, and with the lower bicuspids of penetrating the inferior dental canal.

This danger can in a measure be overcome if the tooth is inserted shortly after extraction—as soon as granulation tissue has filled the socket, and before much absorption of the alveolus has taken place. We then have all the conditions of success that could be present at a later period, while the danger of penetration of the antrum is lessened with a full and unabsorbed alveolus.

Shortening the root of the cion tooth also lessens the danger of accident, and it therefore is not quite clear why most implanters oppose this practice. If we assume that there is no vital attachment, that the tooth remains a passive object, the removal of the cementum and exposure of the dentine should not endanger the success of the operation, since a denser and more resistant tissue is exposed to the action of the absorbing agents.

As to the true mode of attachment to which my last report referred, I do not know that any investigations have been made since then that would throw additional light upon the subject.

It is to be regretted that so few reports were received in response to a request to furnish implantation data. It indicates either that the operation is falling into disrepute even in so short a time since the first operation was made by Dr. Younger, or that dentists are neglectful of making careful records of their cases and results. It is to be hoped, however, that enough of the older cases have been reported to assist us in forming a more intelligent opinion as to the permanency of implanted teeth.—*Cosmos.*

ESSENTIAL OILS AS ANTISEPTICS, DISINFECTANTS AND ANESTHETICS.

DR. A. W. HARLAN, IN THE AMERICAN DENTAL ASSOCIATION.

As early as 1881 we read before the Chicago Dental Society a paper on the value of essential oils, in which it was contended that many of them possessed potent antiseptic and disinfectant properties, as well as the property of producing a local anesthetic effect on living dentine. From that date to the present thousands of experiments have been made by us to substantiate the claim that they were among the best, if not the best, class of agents for disinfecting pulpless teeth and the diseased tracts leading from the apices of roots forming blind abscesses and abscesses with open fistulæ. The essential oils, cinnamon, peppermint, cajuput, thyme, terebene, eucalyptus, cloves, and some of their derivatives, are among the best and most pleasant to use in the mouth. They may be combined in varying proportions to insure efficacy, and possess no disagreeable odors. The oils also deprive many nauseous and irritating drugs of their disagreeable properties, forming new compounds in some instances.

The most remarkable property possessed by the essential oils is one that has heretofore escaped general attention. We first pointed this out in a paper read before the Odontological Society of Great Britain in 1887. Essential oils, of the varieties mentioned above and a few others not necessary here to particularize, when introduced into a cavity of a living tooth and sealed therein, slowly deposit vaporizable camphors, which are potent antiseptics. These camphors are very sparingly soluble in water, and in consequence of this are not easily dissipated by moisture should the cavity be not hermetically sealed. The same vaporizable camphors are likewise deposited when the oils are sealed within the roots of a tooth. It is on this account that they so readily and certainly disinfect polluted dentine.

We wish it distinctly understood that we believe the dentine of a pulpless tooth—long dead, and in which the pulp or other vegetable or animal matter has decomposed—must be disinfected to prevent a gradual deterioration of the cementum and pericementum. This is a necessity to insure a feeling of comfort in a pulpless tooth after the root and crown have been filled. Many pulpless teeth filled and treated by purely mechanical methods, without respect to the complete disinfection of the dentine, are a permanent source of discomfort to their possessors.

Of the many agents and processes for disinfection of the dentine of a pulpless tooth, none possess so few disadvantages in the handling as the essential oils. They do not act with the instantaneous rapidity that some forms of mercury do, or even with the rapidity of hydrogen peroxide, but their action, if slower, is more perfect and continuous. The oils do not lose their property by exposure, they do not deteriorate, and their efficacy has been established clinically as in laboratory experiment. To sum up their advantages in dental practice we would say—

1. They possess local anesthetic properties.
2. They are stimulants.
3. They are non-coagulants.
4. They are sparingly soluble in water, and on this account are not contaminated by saliva, food, or other foreign substances.
5. They are diffusible.
6. The camphors which are deposited when brought in contact with the slightest quantity of water, saliva, or blood-serum are vaporizable as soon as formed, at a temperature of about 94° F. Their extreme volatility permits them to thoroughly impregnate the dentine. These camphors are disinfectants in full strength, as was shown by their deposition on the sides of tubes coated with broth in which various forms of bacteria were planted. In the ends of the tubes, where the camphors were not deposited, a vigorous growth was invariably observed.

7. The vaporizable camphors are the agents which disinfect the so-called blind abscesses, even when the oil is not introduced into the root of a tooth farther than the pulp-chamber, where it is sealed only moderately tight.

8. The foul contents of a root-canal, after being in contact with the oil of cinnamon, oil of cassia, and eugenol for two days, when planted in sterilized beef-broth failed to show any sign of life or development at the end of fourteen days. Repetition of this experiment by planting a fresh tube daily for fourteen days failed to show any sign of bacterial life.—*Cosmos*.

BLEEDING GUMS.

Editor ITEMS :—In answer to Dr. O. T. Wilson to Dr. H. S. Dill, "bleeding gums" is not a disease, but effect of a wound caused by the infringement of a foreign substance coming in contact with the gums—most commonly salivary calculus. Remove the cause and the bleeding will cease.

Under the microscope small particles of calculus will present the appearance of minute coral reefs or stalagmites. When the gums are pressed against these little reefs, they bleed freely because of the wound they receive, and are often finally destroyed, leaving the necks of the teeth entirely exposed, and the teeth loosened in their sockets, as the alveolus is injured also by the infringement of the calculus on it.

To remove it use thin chisel-shaped scalers, passing them from the neck of the tooth toward the root, thereby breaking loose thin particles which cannot be accurately removed by using the instruments in the opposite or pulling direction.

After removing the calculus, apply a very diluted solution of muriatic acid on a sharp-pointed piece of soft wood, getting the acid well under the gums, then rinse the teeth well with a little soda or borax dissolved in water, to remove the acid from the teeth. Any astringent mouth wash used with a moderately stiff *broad* brush, will keep the gums in a healthy condition where cleanliness is observed.

Some practitioners recommend sulphuric acid, but my experience is that muriatic has a happier effect on the gums, and more effectually removes the lime deposits. Any corrosive acid used too freely, or in careless hands, does harm, and when used at all should always be neutralized by an alkaline agent immediately after having been applied to the teeth and gums.

Peroxide of hydrogen and menthol sprayed over the gums make a very pleasant and effectual application as a cleansing agent after the calculus has been removed.

G. CHISHOLM,

TUSCUMBIA, Ala.

NATURE—GIVE HER A SHOW.

W. W. B. IN ODONTOGRAPHICAL JOURNAL.

Nature hath framed strange fellows.—*Shakespeare.*

The importance of Nature as a factor in the practice of dentistry cannot be over-estimated. The subject suggests posies, woods and waters—all nature's works—the same old dame Nature who has been mending bones and broken heads these thousand years gone by. We pride ourselves on the great progress made in dentistry as a science and as an art, giving to ourselves all the credit. Nature has played her part in all this advancement, and a very important part. Nature it is that rebels against improper living, excesses and insufficient food, whereby causing decay, and consequently a living for the dentist, and indirectly the great factor that has made possible the advancement of dentistry as a profession.

Nature ever stands ready to assist the intelligent practitioner, a silent partner as it were in the treatment of every disease. Too often we do not give her a chance; it is so easy to follow nature, so difficult for nature to follow us. Pleasant and sunshiny are the paths of him who follows nature; steep and rugged, dark and uninviting when nature follows you. We trust nature so little—trust ourselves so implicitly. In our treatment of a case it is so easy to overdo, to *push* nature instead of assisting.

Not infrequently is it that the teeth are *overtreated*. Medicines and irritating acids are continually employed, keeping the surrounding parts in a constantly engorged condition. The dentist in despair gives the tooth a rest for a few days, when behold, nature left to herself has completed the cure.

It is so easy to pump carbolic acid into teeth that we forget that it can be overdone; many times a simple syringing with warm water or a very mild carbolized solution is the very best treatment that could be employed. Let us be an assistant to nature, not a pusher. It is related of a great physician who, on arriving in the spirit land tired and weary, was assaulted by an unknown form: "What did you kick me that way for?" asked he. "I am Nature," was the reply," and seeing you tired and weary I thought I would assist you the way you used to assist me."

In treating teeth, after having established a vent, give nature a chance. If you have time let the tooth severely alone for a week or more. Perhaps the patient announces after a day or two, "My tooth doesn't ache, but is quite sore," and you, to hurry matters, poke a broach through the canal, or perhaps pump a bottle of creosote through the apex. Don't do it my friend, *let it alone*. You by your untimely interference only irritate and do not help nature. Again, the tooth has been through a course of treatment, and you carefully introduce a cot-

ton test filling; patient returns next day—tooth quiet. Now *don't* take out the cotton only to introduce another. What are you doing it *for?* Let the cotton remain for a week, or even longer if you are so inclined; ofttimes the irritation resulting from a change of the dressing is disastrous. You lose nothing by waiting, you gain time, and save labor and anxiety.

ASSOCIATION.

BRISTOL, Pa., Oct. 24, 1889.

By referring to the "History of Dental and Oral Science in America," page 174, we find the "Bucks County Dental Association" was organized in Doylestown, Pa., June 7th, 1869. Its first officers were:

President, Dr. H. P. Yerkes, Doylestown.

Secretary, G. W. Adams, Bristol.

Treasurer, J. W. Scarborough, Lambertville.

Executive Committee { J. S. Rhoads, Doylestown. F. Swartzlander, Yardley. J. Hayhurst, Lambertville.

This initial meeting was held at the office of Dr. Rhoads, and tho few dentists were there in response to a general invitation to *all the dentists in the country*, the best of feeling prevailed, and many subjects of interest to the practical dentist were discussed. These few representatives of our liberal profession entertained the hope that the organization would be permanent and useful. It was to meet semi-annually.

At the second meeting (Nov. 1, 1869, at Newtown) we had most of those present who organized the society six months before, and, in addition, Drs. Linton and Trego, of Newtown, but this was the last.

Twenty years ago there were few graduates in this section of the State. Most of the dentists of that time were disciples of some private preceptor. By mingling with each other, and with the few graduates fresh from the college, and the two skilful practitioners from Lambertville, who kindly consented to help us along, we should all have been benefited by this interchange of thought and expression, and our Conventions would have flourished, and many things said and done to our mutual enlightenment and profit. We therefore regret the demise of the society.

We have lost three of our prominent dentists by death. Drs. Linton, Rhoads and Scarborough. Dr. Swertzlander has become a physician. But the places of these have been filled by new men, fresh from college, and full of theoretical and practical manhood.

G. W. ADAMS, D. D. S.

(Secretary of the defunct organization.)

LESIONS OF THE DENTAL BRANCH OF THE FIFTH PAIR OF NERVES.

DR. T. W. BROPHY—AN ABSTRACT.

The object of the paper was stated to be to call attention to some of the remote causes of trigeminal neuralgia, and to point out some of the more frequent nerve-lesions not dependent on the teeth for their origin. Among the principal constitutional causes of morbid conditions of this set of nerves are gout, rheumatism, malaria and syphilis. Of traumatic causes, nerve-fibrils caught in cicatrices after the extraction of a tooth or other surgical operation; pressure of an exostosed tooth upon the nerve; spiculæ of bone, or particles of friable foreign bodies imbedded in the nerve-substance; pressure of an artificial lower denture upon the terminal branches of the nerves,—this last more especially among elderly persons—and many other causes may produce neuralgic pains, varying in intensity according to the idiosyncrasy of the patient and the climatic environment. The writer related the case of a female, aged 60 years, who complained of darting pains in the right side of the face, having their origin at the terminal branches of the fifth pair of nerves. The tissues about the mental foramen were hyperesthetic, and there was a marked enlargment of the nerve at that point. The patient had suffered from acute neuralgic pains since the introduction of a lower denture seven years previous, during which time she had been treated by various physicians without relief. The writer diagnosed neuroma of the inferior dental nerve, induced by persistent irritation from the artificial lower denture, for which he operated, removing a section of bone from the mental foramen extending backward about an inch and a half, and removing the nerve as far back as the foramen; then reaming out the canal and surrounding tissue, he packed the cavity with iodoform, and dismissed the case. At the end of six weeks, during which the patient was comfortable, the pains returned. At the second operation the remainder of the nerve in the canal was removed, which was followed by a long period of freedom from pain, but when he last saw the patient he was suffering from pain in the tongue, indicating that the lingual branch was affected.

The cause of neuralgic pains may reside in the cranium or the brain itself, in which case it is not usually amenable to surgical treatment. Numerous cases of multiple neuromata are recorded. According to Anstie, women during utero gestation, exhaustion from hemorrhage at parturition, menorrhagia, and sexual change of middle life, are especially prone to facial neuralgia; but the worst and most intractable examples occur in the period of degeneration. Cold winds, especially those laden with moisture, are exciting causes, as may also be injury of the nerve within a bony canal, as may occur in tooth extraction. Tumors, abscesses, aneurisms at the base of the brain, may

be the immediate cause, and in such cases a spontaneous outburst may occur without previous warning. The paroxysms ma long duration, and when well pronounced the slightest irritation, as the slamming of a door, coughing, sneezing or laughing, may produce them. The treatment is largely palliative, hypodermic injection of morphia being the most popular. Nerve-stretching has proved a potent remedy. The writer thinks exsection should only be resorted to when medical treatment has failed; that is not to be relied on invariably for a permanent cure, but only to bring relief for a time.—*Cosmos.*

A TENACIOUS SOLDER.

An account is given in the *Berliner* of a soft alloy which adheres so firmly to metallic, glass, and porcelain surfaces that it can be used as a solder, and which, in fact, is valuable when the articles to be soldered are of such nature that they cannot bear a very high degree of temperature, the composition consisting of finely pulverized copper dust, which is obtained by shaking a solution of sulphate of copper with granulated zinc. The temperature of the solution rises considerably, and the metallic copper precipitated in the form of a brownish powder —20, 30, or 36 parts of this copper dust, according to the hardness desired, being placed in a cast iron or porcelain-lined mortar, and well mixed with some sulphuric acid having a specific gravity of 1.85. To the paste thus formed are added 70 parts by weight of mercury, with constant stirring, and when thus thoroughly mixed, the amalgam is well rinsed in warm water to remove the acid and then set aside to cool; in ten or twelve hours it is hard enough to scratch tin. On being used, it is heated to a temperature of 375° C., and when kneaded in an iron mortar becomes as soft as wax; in this ductile state it can be spread on any surface, to which, as it cools and hardens, it adheres with great tenacity.

A good smooth flour paste that will not ferment, spoil, or turn sour in hot weather, suitable for paper-hanger, bookbinder, trunk manufacturer, etc. Use good rye flour, drop it with constant stirring into boiling water till proper thickness is obtained, boil for five minutes, stirring, and continue to stir after removing from fire till the boiling ceases. If enough pure carbolic acid is added to give it a slight odor, or if one or two ounces of salicylic acid are added to a barrel, it will act as a preservative and prevent souring. Or to 100 parts of the flour paste made as above add three parts strong alum water and five parts dextrine solution. Oil of cloves or water that has been boiled over cloves may be added in quantity enough to give a slight odor instead of carbolic acid.—*Scientific American.*

INVESTING, BACKING, SOLDERING, TIPPING.

"What is your method of investing, backing and soldering?"

I use for investing either sand or marble dust, and plaster equal parts. I do not like asbestos as well, as it does not make as solid an investment.

I enclose in a sheet-iron ring, a little larger than the case, three-fourth inch wide, because less investing material is needed to heat and keep hot, and there is no danger of portions of the investment breaking away.

Heat the case sufficiently to remove the bulk of the wax, and dash boiling water upon it to clean thoroughly.

The backing should be thicker than the plate, about twenty-four gauge. I prefer backing in the investment, especially gum teeth.

For the anterior teeth, do not cover the entire surface, but round the top, and in plain teeth do not let the backings touch anywhere. In the gum teeth allow the backings to meet as high as the gum shoulder. If there are spaces under the teeth pack in foil. The pins should not be riveted, for in the first place, there is not the slightest necessity for it; secondly, it cannot be done without removing from the investment, or backing before investing; third, there is danger of cracking the teeth, unless an expert; fourth, when riveted the solder holds only upon the surface.

On the other hand, if the heads of the pins are split with a sharp instrument, that holds the backing in place, the solder flows into the hole around the pins and fastens them firmly.

The solder should never be of a lower grade than 18k; if the plate is 20k, use some caret of solder. The nearer the melting point of the plate the better the solder works. Otherwise, the solder melts before the plate is hot enough, and "balls." Use plenty of borax, putting it on, and the solder also, before heating. Heat slowly over the large gas-burner, until as hot as that will make it, then place upon whatever is used for holding it conveniently (I use a semi-circular sheet-iron pan, open on the straight edge, one inch deep, with the handle diagonal to the surface). Apply the full blast to the outer surface for a little, and then upon the plate, so as to insure its being as hot as the backings, then throw it upon the backings and plate at once.

I prefer the mouth blow-pipe. It should be larger than the ordinary blow-pipes which are made for jewelers, who use low caret solders, and do not have to heat and keep hot a mass of plaster and sand. The White Company, at my request, are making a large blow-pipe. The mouth piece is large so as to throw a volume of air into it, and also so it may rest against the lips, and not be placed inside, tiring the

muscles. The other aperture should be one-eighth inch in diameter, so as to take in the full blaze of gas.

"What is the best method of tipping the anterior teeth, and of preventing the teeth from checking during the soldering process?

The best method, perhaps, for "tipping" the anterior teeth is to do it with pure gold, soldering it when the teeth are soldered, either in a separate investment or when soldered to the plate.

I have no trouble with teeth cracking; do not remember the time when such an event happened, and I take no especial pains to prevent it. This is true either of plain or gum teeth, Justi's or White's. I heat the case over the gas for perhaps half an hour, then apply the blow-pipe; after the soldering, lay upon the bench; if in haste to finish after a few minutes lay upon a wet cloth, drawing it around the sides of the investment.—L. P. HASKELL, *Ohio Journal.*

MORE LEAD CONES FOR ROOT FILLING.

Mr. Editor:—On page 450, ITEMS OF INTEREST, for October, 1889, W. F. M. gives his experience with *Lead Cones* and also his opinion that lead cones as a root filling is not to be commended, and concludes his article by stating that cones of tin are much preferable. Now I wish to say something in favor of *Lead Cones.*

I have this day examined two molars which I treated and filled some two years ago and there are six lead cones in these two molars. I find them as white as a good hard tooth can possibly be, without any discoloration from oxidized lead or anything else, and some few days previous to seeing the article in question, I examined three incisors, two suppurated centrals and left lateral filled three years ago last June, and failed at that time to notice any discoloration; also a suppurated central filled some eighteen months since, and am pleased to be able to say that the gentleman has experienced no trouble, and as he is a constant tobacco chewer I cannot say whether there is any discoloration from oxidized lead or not. I also have a molar in my own jaw in which I wear lead cones much to my own satisfaction and comfort. These cones were placed there last February by Dr. Francis Peabody, of Louisville, Ky., from whom I learned how to prepare and use *Lead Cones* as a root filling, since which time I have saved quite a number of teeth where I and others have failed with other materials, gold platina, oxidized phosphate, gutta percha, etc., and I would hesitate to use *tin* for the purpose of root filling, as I deem it good practice to hold fast to that which is good, and use that which is *new with fear and trembling.* We have used lead foil covered with tin with satisfaction, and have known several others who have.—T. B. W.

Louisville, Ky. JOHN F. H. DUFF, M. D.

INTERNATIONAL DENTAL CONGRESS.

The International Dental Congress of Paris has just closed after a six days session. The Congress was organized, and successfully carried through, by the combined efforts of the Odontological Society of France and the Odontological Society of Paris; and they deserve great credit for the grand success of this, the first International Dental Congress ever held. It being held in this great capital, and during the Universal Exposition, has had much to do in getting together so many dentists from all parts of Europe and the United States. They came from Russia, Germany, Austria, Hungary, Holland, Spain, Italy, Switzerland, Cuba, United States, and the South American States, and England and Australia; but of course the greatest numbers came from France, nearly every city and town of importance being represented.

The Congress was opened at the Trocadera Palace, under the presidency of the minister of commerce, assisted by Professor Gariel of the faculty of medicine, of Paris. Each morning was devoted to clinics and exhibitions of instruments, at one of the dental colleges, and the afternoon was devoted to the reading of papers, and discussions. The papers read were of a fair order of merit. I was struck with the great number of papers on anesthetics—in point of number as great as all the other papers, showing that the French dentist must still resort to the forceps, to a great extent, in his practice. But one has only to practice among the French to know how badly they bear pain. One cannot do heroic operations for them, as he can for an American. They prefer to lose their teeth rather than submit to much pain. Perhaps it is a fault in their constitution or in their education. But I have known many a dentist, fresh from America, who was going to educate them to appreciate and endure American dentistry, to be compelled to at least modify his methods or starve.

Much bridge and crown-work was shown. A movable bridge was exhibited by a dentist from Penzance (a descendant of one of the pirates), which was far ahead of anything of the kind I have ever seen. He had it in working order in his own mouth. The one great thing to recommend it is that it can be removed and cleansed, which, to my mind, has always been an objection to the bridge-work ordinarily made; for it stands to reason that a plate which cannot be removed must become foul. I hope a description of it will be published, and if so will send it to the *Journal.*

The Congress closed by a banquet, at which 220 persons sat down. After the inner man had been abundantly refreshed with solids and liquids, the outer man was entertained by toasts and speeches, in various languages, which made one wonder if it was not something similar

to the first banquet given after the confusion of tongues, occasioned by the failure of the first attempt at building Eiffel tower.

An old dentist, said to be ninety years of age, was present, and replied to a toast drank to himself. He is said to be still in practice, and one may believe it, as they say he has just married a new wife.

Our country was represented by Harlan, of Chicago, Bonwill, of Philadelphia, Parmly, Brown and Parr, of New York. Bogue, of New York, was one of the Vice-Presidents. Each person present was presented with a medal in bronze, commemorative of the occasion. On one side reads, "Republic Francaise Exposition Universelle, Congres Dentaire International de Paris, 1889." On the reverse side, "Societe Odontologique de France, Societe Odontologique de Paris." After which the banquet closed by singing the Marseillaise.—WILLIAMS, N. W.—*Ohio Journal.*

TEMPERING STEEL.

ROCHESTER, N. Y.

Editor ITEMS:—I see in your last issue that Dr. Steel proposes to keep steel oiled while drawing the temper. He speaks of drawing to a blue for certain articles.

In my experience steel must be kept perfectly free from any extraneous substance during the operation of tempering where color is the guide, and if oil, or grease of any kind, is present on it, I should be very much pleased to see the Doctor get a blue color.

The Doctor is—as far as my experience goes—right in regard to colors, but I think that a better mode of tempering bars is to plunge them while hot into unguentum hydrargyri, clean them up, and the operation is finished.

I learned a little matter awhile ago from a sawmaker. Saws are hardened and tempered, and when that operation is finished one would hardly think them good for anything, as they are warped and twisted and bulged out of all semblance to a useful article. Then they are straightened cold on an anvil, then ground. If nothing further was done, they would bend and stay bent, and the kinks would largely be restored by use. The reason for this is that the metal is not homogeneous. It is strained in various places, and a little force will cause the inequalities to appear. To remedy this defect the steel is again heated to an even blue. The metal is then homogeneous.

If a bar of steel that has been bent and then straightened cold is put into a lathe, it is impossible to turn it down and have a true piece of work. Why? The outside particles only have changed position, and hold the bar straight. The inside is only sprung, and when the outside is removed the tendency asserts itself to return to original form.

We sometimes use springs made of piano wire, and they are often very easily bent from the position and form they should occupy. This could be remedied by after shaping them, heating them to an even blue temper. They will be stiffer and retain their shape better.

In tempering "rubber dam clamps" have a hard soldered metallic cup that will hold, say, two ounces of oil (sperm). Heat the clamp and plunge into the oil. Do not remove it, but heat the whole over a good sized flame. Note the time that the oil takes fire and burns with a continuous flame. Keep it burning for *just six minutes*. Remove from the heat and quench the flame with some sort of indestructible cover; let it stand till cold. You will find the steel beautifully tempered, and a thousand will be all alike in temper.

Make a nerve broach by filing down piano wire, laying on a metal plate and burnishing. Roughen the point by rolling it between a metallic surface and a fine file. Wound strings are the best, as a portion of the copper winding wire can be left for a handle.

JAMES H. BEEBEE.

The Barber Surgeons and Blacksmith Dentists.—We are not habitually liable "to drop into poetry," but the following stanza which has been taken out of an old 18th century volume, and sent to us, is too good to be lost.

Describing a Barber Surgeon—

His pole with pewter basons hung,
With rotten teeth in order strung,
And cups, that in the window stood
Lin'd with red rags, to look like blood,
Did well his three fold trade explain,
Who shaved, drew teeth and bleedes a vain.

—*Exchange.*

Buried Gold.—French statisticians are making a curious calculation of the amount of gold which is annually buried in the United States. M. Victor Meunier asserts, after careful inquiries, that the American dentists insert in American teeth the enormous amount of 800 kilogrammes (about 1800 lbs.) of the precious metal, which represents nearly 450,000 American dollars. This gold is never recovered, of course, but is buried with the persons in whose mouths it is placed. Making allowance for the rapid increase of the population of the United States and for the continued deterioration of American teeth, it appears that in less than a hundred years American cemeteries will contain a larger amount of gold than now exists in France. This is no fancy sketch as the pockets of every dentist, and especially every dentist's patient will attest.—*Dental Register.*

EXTENSION OF THE TERM OF DENTAL GRADUATION.

The following resolution was passed at the last session of the National Association of Dental Examiners:

It is the sense of this association that no one should be permitted to assume responsibilities of a dental practitioner until he shall have had at least three years' previous study and instruction, inclusive of three full terms of not less than five months each, in a properly organized and equipped dental college, provided that time spent in the study of medicine or graduation from a medical college may be credited on this requirement not to exceed the period of two years or two full terms of collegiate instruction; and recommending to such State boards of dental examiners as are by the laws of their respective States required to issue licenses to practice dentistry to all holders of diplomas from reputable dental colleges, that they may make such rules as shall require all colleges to make three full calendar years of study and the attendance on three full college terms of not less than five months each, a prerequisite to graduation; and that only such colleges as shall comply with this rule on or before the beginning of their scholastic year of 1890–91 should thereafter be considered as reputable; and that all State boards should, when their State laws permit it, decline to grant a license to practice to any one who cannot produce evidence showing that he has spent at least three full years in study and preparation before attempting to assume the responsibilities of a dental practitioner.

The National Association of Dental Faculties also adopted a rule requiring attendance upon three full regular courses in separate years before examination for graduation. The regular courses were made "not less than five months each."

The time when the new rules shall go into effect was fixed at the beginning of the session of 1891–92. It was also ordered that the resolutions requiring the attendance on three terms be published in the announcements for the session of 1890–91.

THE WILMINGTON DENTAL MANUFACTURING COMPANY'S GROWTH.

The Wilmington Dental Manufacturing Company yesterday purchased the lot at the corner of Thirteenth and Orange streets from Henry F. Dure. The size of the lot is 86 by 190 feet. It is the purpose of the Company to erect a handsome three story brick building, 40 by 190 feet, on the lot, to be used as a factory, the present building being entirely too small to meet the demands of the increasing business of this concern.

Work on the new building will be commenced as soon as possible.

The Wilmington Dental Manufacturing Company was organized in 1865, by Dr. J. R. Tantum.

In 1879, Dr. J. F. Frantz became a large stockholder in the business, and since that time the Company has made steady strides to the front.

The Company was incorporated in 1882, and last March it purchased the Welch Dental Manufacturing Company, of Philadelphia. The main offices of the Company are located in Philadelphia. They now fill orders received from all parts of the world.

The officers of the Company are: J. F. Frantz, president; S. J. Willey, vice-president; J. R. Moore, secretary; H. C. Robinson, treasurer. Directors: J. F. Frantz, S. J. Willey, H. C. Robinson, J. R. Moore, A. S. Robinson, Eli Mendinhall and Dr. J. M. Winner.

TAKING LOWER IMPRESSIONS.

Dr. F. C. Green, in experimenting in taking lower impressions, believes he has succeeded in finding a means by which a perfect impression may always be obtained in those difficult cases where the absorption has been great and where the attachment of the muscles is very close to the alveolar border, rendering it difficult to construct a plate that will not impinge on the muscles and rise whenever the patient opens his mouth or raises the tongue. The method is as follows: Use a very narrow impression cup, one not much wider than the alveolar ridge; fill the cup with plaster, very soft, adding a little sulphate of potash to make it set rapidly. When hard, remove from the mouth, and with a small scraper, remove a thin layer over the entire surface of the impression; trim the edges, and especially the tongue. Place the impression in water for a few moments and when thoroughly wet fill it with very thin plaster, not thicker than cream; place it in position in the mouth with gentle pressure; observe that the buccinator muscle is not impinged on, and request the patient to raise the tongue, letting the point rest on the cup. When hard, remove, and if each step of the process has been carefully taken, the result will be an impression from which a plate can be constructed that will not rise or rattle while speaking. He never uses anything but plaster for taking impressions of the mouth, believing it to be the only reliable material for this purpose.—*Dental Office and Laboratory.*

A law designed to check the evil of the smoking of cigarettes by boys has been enacted in New York State. The chief of police of New York City, on May 30, issued an order, under that law, stating that it is a misdemeanor for dealers to sell to any person, under sixteen years of age, cigarettes or any other form of tobacco. The selling of alcoholic drink to minors is also prohibited by that law.

MEXICAN DENTAL PATIENTS—THEIR WHIMS AND FANCIES.

BY VIAGERO.

A few peculiar ideas which the Mexicans have on the subject of dentistry will be found in the following notes. Some of these ideas are not confined to those living far distant from railroads, but are held by many in the capital and larger cities of the Mexican Republic.

Many fear that the artificial substitutes we insert are natural teeth, and even after a minute examination and explanation, they cannot be persuaded to have them inserted until they know positively who the former owner was, and are assured he did not die of an infectious disease.

In remote towns, seldom visited by dentists, Mexicans will insist on having discolored, yet perfectly sound, teeth extracted before the visiting dentist departs, on the plea that these teeth *may* ache when there is no dentist at hand.

The Mexican will frequently draw from his vest pocket two or three teeth kicked out by a horse several years ago, and inquire the cost of having them reset.

The Mexican will always bargain hard for a reduction in your fee, and I have had offered me pistols, cigars, watches, scarf-pins, sombreros, mules in exchange, and in one instance *a young girl* was suggested by her mother as part payment of an account.

Some Mexicans never pay, others think it very hard to part with their money after receiving their work, so unless the dentist desires to work for nothing he must secure a deposit in advance, and the balance when the operation is concluded.

Two months ago I extracted a molar for a young lady who was accompanied by her mother, and as they were leaving without producing the usual fee, I asked for it. "Why?" exclaimed the old lady in great surprise, "Why! we have no money!" I afterward learned that this family owned one of the largest business concerns in town and was exceptionally well off.

Another old woman (I forgive her on account of poverty), after the extraction, asked "Well, doctor, how much do I owe you?" "One dollar," I answered. "God will pay you two," replied the old lady as she vanished in the door-way. These two dollars have not as yet been paid.

A foreign dentist on entering a strange town, as a rule is generally well-received, a Britisher in preference to an American, if his work gives satisfaction, if he praises the country and flatters the people, if he has "nerve" enough to state that he has a mind to become a Mexican citizen, he will get all the practice in the place, tho there be a dozen Mexican dentists in the same town; but should he lose his

temper (which is sometimes hard to keep) and fail to humor his patient, the Mexican will consider himself insulted, and for a foreigner to insult one man (especially in a small town) is equal to insulting the entire population. Should this take place the best thing for the dentist to do is (as they say in New York) "to make himself scarce," or in other words, pack up and "get."

In Mexico, the dentist is frequently called on to visit patients; he is politely received, and the master of the house tells him, "My house is yours, sir," he then introduces him to his wife and family, stating "These are yours also, sir."

The dentist has come to extract a tooth for the lady of the house, she is pale and trembling, her features bear what might be called a corpsical-comical appearance on account of the clumsy manner in which she has daubed her face with chalk, a universal custom amongst Mexican ladies.

She has prayed, and is now surrounded by her family; her husband lovingly embraces her apparently for the last time, then takes up his position behind the chair and gently places her head on his breast; the children (generally ten or twelve) begin to cry and crowd around their mother, the dentist elbows his way to the chair and removes a root hanging loosely to the gum. The patient moans, her eyes close, the husband looks anxious, the children cry louder, now and then casting their revengeful little black eyes on the dentist, servants rush around in wild confusion, carrying towels, water, wash-basin, etc. At last the patient opens her eyes and is again embraced by her husband, who hands her over to the maid-servant, and that worthy person generally leads her tottering mistress off to bed. The dentist then receives his fee and retires, the master of the house reminding him again that the house is *his*.

Mexicans have a great dread of the operation of tooth-extraction, it is a common occurrence for them to call on the dentist and ask for a "powder" to place on an offending tooth or root *to rot it away or to cause it to fall out of its own accord;* a fortune awaits a dentist who may have such a powder in Mexico.

But greater dreads which make the hair of the Mexican stand on ends are fears that after a tooth is extracted, he will become blind, his eye ball may jump from its socket, or his tongue may fall out, and should he be a one-legged patient he fears he will lose the power of his remaining leg.

Frequently the very timid Mexican will be accompanied by his physician to assure him that should any such accident occur he is there to push the eye-ball back into position, or hook the tongue on its hinge again, for not a few are under the impression that the tongue works on a sort of a hinge that can be hooked or unhooked at pleasure.

The Mexican physician will stand by and with soothing words endeavor to calm the patient, but before the operation is commenced he will quietly motion the dentist aside and ask him in a confidential tone: "There is really no danger to the eye—is there?"

When the patient has been relieved of his grinder, his physician prescribes a quart of mouth-wash, and several powders to be taken to prevent fever, the medicines are accompanied with strict instructions, to keep the blanket wrapt well around the jaws (nearly every Mexican wears a blanket), and be extremely careful not to walk or ride in the sun, bathe or wash himself.

The Mexican has an equal fear of anesthetics, and as the forceps approach the tooth, he devoutly makes the sign of the cross and calls on his patron saint to protect him from blindness and death, he must always have "something" applied to the gums before the extraction of a tooth, a little water in a Mexican mouth will be found to give as much satisfaction as any known local anesthetic, in many cases where Nitrous Oxide is administered I verily believe them to have the idea, that after the operation the dentist sticks an excavator into their bodies to let the enormous amount of gas they have inhaled escape.

Last December, a Mexican gentleman imparted to me a great secret for the painless extraction of teeth. I have not yet applied it in my own practice, but it may be worthy of attention among the younger members of the dental profession; no one who has a secret preparation for the relief of suffering humanity has a conscientious right to conceal it. So here goes:

My informant, a professor of mathematics and calisthenics (so his card stated) said, that the discoverer of this great alleviator was an old woman living near Guadalaxara, a relative of his mother, to whom the secret was confided, and from his own mother the professor received it, he also cited the following case in defence of the wondrous liquid used:

Senor G., æt. 43. A wealthy farmer living at his immense hacienda ten leagues from the nearest dentist, after suffering several days with aching teeth, started off on horseback to have them extracted. On the way he called to refresh himself at the house of the old Mexican lady, and after relating to her in an agonized tone his suffering, the old lady simply smiled, telling him to return home as she had an infallible remedy.

She then gave him a bottle of milky looking fluid to use as a mouth-wash, with instructions to hold some of the wash in the mouth for several minutes before going to bed. She guaranteed the morning would find him toothless, at the same time showing her own edentulous jaws in evidence.

The farmer returned home, used the wash as directed, had a good

night's rest, and when he awoke in the morning beheld on his pillow a little pile of teeth which had left their sockets during the night.

This statement sounding to me like a *ghost-story*, I asked the professor if he did not think it would be rather dangerous should any one by accident swallow some of this great "bone-remover?" would not the patient run the risk of waking up in the morning and finding his own skeleton lying alongside of him? "No, no," answered the professor, "the beauty of this liquid is, that it acts directly on the alveolar process and no other part of the body; it is not my intention, continued he addressing me, "to give the secret away, but seeing you are a particular friend of mine (I had loaned the professor twenty dollars four days previous) and knowing it will aid you greatly in the practice of your profession, I will tell you it is nothing more or less than—*Suéro*," which in English means "Whey,"—the serum or watery part of milk, separated from the more thick or coagulable part, particularly in the process of making cheese.

Had the professor returned the twenty dollars I loaned him I probably would not have revealed his secret, there may be something in it —who knows?

It only requires some one with a little spare time and courage enough to try it; then a patient must be selected who is desirous of losing all his teeth, should one or two teeth only require removal I would recommend the use of the rubber-dam to protect the sound teeth.

With most persons for whom an artificial denture is inserted, the Mexican allows it to remain in the mouth uncleansed till he is compelled to return and have it removed on account of the inflammation caused by the filthy plate.

The use of tooth-brushes and dentifrices is little known in this Republic; one patient whom I presented with a box of tooth-powder after having the tartar from her teeth, wanted to know the dose, whether it should be taken before or after meals, and whether it would be better to take it in coffee instead of water.

Tartar of every degree of hardness and color is found in abundance in Mexican mouths, the scaler frequently bringing away pieces weighing one quarter of an ounce at a stroke. In these cases met with in every day practice, equal parts of tincture of asafetida and water should be recommended as a mouth-wash, it sweetens the breath wonderfully.

To satisfy the Mexican, his artificial teeth must be nicely made, plate very thin, no palate, and above all must not hurt and must be firm in the mouth immediately it is inserted; tho, if a partial set, no roots or tartar must be removed.

If these requirements are met, he pays his money willingly, and perhaps takes some old roots out of his pocket, which you may have

extracted for him or his family, and offers them for sale to reduce his bill.

The Mexican has a bad opinion of the dentist who will persuade him to have a tooth filled. But should he make up his mind to have it done, he will have amalgam or cement in preference to gold, as it is cheaper; yet will generally demand its extraction as being cheaper still.

If our profession called us to work on anything in Mexico, outside of Mexican molars, we could get along nicely in this great republic, whose people are polite, civil and obliging, tho they frequently do not mean exactly what they say, and never keep appointments. Remember, I speak of the majority, not all, there are exceptions, but these exceptions are "few and far between."—*British Journal of Dental Science.*

A Peculiar Case, in which Moral Obliquity was traced to a physical cause and remedied by a surgical operation, is said to have occurred in New York city recently. A distinguished physician was called to attend a boy twelve years of age, who had received a severe wound from a blow on the head. The wound soon healed, but the boy began at once to exhibit evil traits of character which had never been noticed by his friends before the accident. He would lie and steal and act in a brutal manner toward those about him. His parents were pained at the appearance of this sad change of disposition, and appealed to the physician, who studied the case carefully, and proposed a surgical operation upon the head. A piece of the skull was removed and a splinter of bone was found pressing on the brain. It was removed and the piece of skull replaced, and the boy recovered rapidly. The physician states that the operation was successful in more senses than one, for the vicious traits in the boy's disposition disappeared with his recovery, and he became truthful, honest and obedient. Some enthusiastic believers in the doctrine of the physical basis of sin, will doubtless find great comfort and encouragement in this case. If their theory were true, it would be an excellent plan to establish an hospital for liars and thieves, and restore perfect moral order in society by the use of a bare trephine. Doubtless there is an intimate relation between the brain and the moral sentiments, and an injury to some particular part of the brain may excite and aggravate an evil tendency which already existed in the moral nature.—*Christian Advocate.*

The three dental schools of Philadelphia are more largely attended this year than ever before.

TAKING AN ARTICULATION.

DR. L. H. HENLEY, MARSHALL, TEXAS.

Neither my experience nor my success in mechanical dentistry has been what I would desire it to be, but still I would not take a small fortune for what I have learned from valuable articles in dental journals on the different phases of dentistry.

In compensation for these benefits I will attempt to give my plan for articulating artificial teeth.

No "bite" can be absolutely reliable. It is quite an art to make the occlusion at the proper place that shall appear to the best advantage in speaks and laughs. I never get in a hurry, but make the patient retain the wax for considerable time to mark the curve of their lips plainly on the wax, in this way securing a proper contour of the face. True, these marks may not run parallel with the alveolar ridges and the alveolus. The median line of each jaw may not be the same: but nothing can be lost by giving the teeth the most agreeable appearance possible. Taking these points well into consideration, make the best articulation possible, allowing the teeth to occlude so as to avoid the moving of the upper plate in prehension. When the teeth are finished, place them in the mouth, and to get a comfortable occlusion tell the patient to hold the teeth firmly together for a few moments. As quickly as possible prepare a little plaster, tolerably stiff and introduce on either side with the finger, holding firmly till the plaster sets; then remove both plates together, and in this manner put them into your articulator, after which you can remove the plaster. This will show you exactly the articulation you have; now by cutting off a point here and there you can easily produce a perfect occlusion that will cut a fine thread on either side, and in this way prevent the soreness caused by rocking and sliding I was once much bothered with.

Don't condemn this plan till tried. In gold and continuous gum sets, we can't afford to grind the teeth down and spoil the appearance of the work. There is too much grinding and trimming and changes in all kinds of work. Be sure of every step, and then you will have to take no back steps.

For particular plates I always use modeling compound; when it is in place just introduce a small bit of ice trimmed to suit, and hold it against the impression cup and compound. This will make it hard rapidly. Remove it carefully, and before pouring in your plaster, set a bit of wire or even a bit of match stick, that has previously been wet, into the impression made by each tooth that stands apart, or any tooth that you wish to be very careful not to break. This will give you a strong model. I use a piece of wood that has been moistened because the plaster will set better around it.

DENTISTS TODDLING AFTER PHYSICIANS.

American dentists who have been able to educate themselves independently and without hinderance, are not familiar with the dangers and injuries to which our profession becomes exposed when connected with medicine and medical standing. The desire to appear in the role of medical men, has overshadowed their better judgment and culminated in the recognition at Washington.

If American dentists would consider the reason why their profession in the United States has been several decades in advance of of the profession in every European country, they would consider their tolerated admission to the meetings of medical men, a dangerous way leading from the right path, not an advance. * * * It is a mistaken undertaking of American dentists to permit themselves to be taken into tow by medical men, and their mistake is based on an erroneous conception of the position of the professions. We are not of the opinion that International Dental Congresses will be a blessing, while our participation in Medical Congresses is an immeasurable hinderance to the advancement of our profession, but we firmly believe that the knowledge of this truth by dentists will not detain most of them from attending the International Medical Congresses, for in that case they might be looked on as medical men.—*Zahntechnische Reform.*

THE INTERNATIONAL CONGRESS.

The first meeting of the International Dental Congress ever held was opened at the Trocadero last Monday morning, under the presidency of Prof. Gariel, of the Paris Faculty of Medicine, as representative of M. Tirad, president of the Council and Minister of Commerce. There were 500 members present, comprising most of the prominent dental authorities of every nationality, of whom we need only name Dr. Thomas W. Evans, Drs Bonwill, Bogue, Harlan, Swasey, Daboll, Jarvie, Davenport, Wassall, Parr, Michaels, Hugenschmidt, and Du Bouchet, representing the American dental profession; Drs. Cunningham, Baldwin and Williams, from Great Britain; Drs. Fay and Delapierre, from Belgium; Prof. Redard, from Switzerland; Drs. Haderop and Heide, from Sweden and Norway; Drs Telschow, Claas and Richter, from Germany; Drs. Rothmann, and Frank, from Austria, etc. The sessions of the Congress continued throughout the week, Dr. Gaillard, of Paris, being the chairman. Numerous festive occasions united the members socially, and the professionally important and personally enjoyable Congress brought its meetings to an end yesterday afternoon, and closed with a banquet in the evening. It will have its influence for good. Such gatherings should be encouraged. —*American Register.*

BRIDGE-WORK BY A LAYMAN.

"HOME-MADE BRIDGE-WORK."

Editor of ITEMS OF INTEREST:

DEAR SIR:—A short time ago a patient wished an aching tooth extracted. I saw he was wearing a piece of "bridge-work." To my amusement and astonishment he stated that he had constructed it himself. Through some accident he had lost the superior upper centrals and laterals, and he had replaced them with beef-bones, ground to a rough shape, and fastened together with a wire passed through holes bored in each. The whole appliance was then securely fastened to each natural cuspid. He had worn this piece of "home-made bridge-work" for five years, and during all that time it had never been removed or changed, so that it had become an abomination to the nose and eyes of those who came in contact with him. By the filth and tartar which had accumulated on them, the four teeth had become one immense tooth, and with the constant strain brought to bear on the natural cuspids, these had become devitalized with fistulous openings formed on the gums, and they had been moved out of position. He boasted that he had no need for dentists so long as he could get a few bones, and I am sure that no dentist would have any use for him till he had gotten his mouth disinfected. I threatened to bring an action against him for practicing dentistry illegally.

ORILLIA, Oct. 27th, 1889. S. D. MCPHEE, L.D.S.

Use and Abuse of Drug-Habits.—In the course of an editorial, the *Dental Review* gives the following sensible remarks: To the already long list of drugs, the use of which, under proper restrictions, is beneficial and proper in combating the various ills to which flesh is heir, but whose abuse becomes a curse to humanity, another has recently been added. Scarcely have we learned to properly use antipyrin than the tocsin of alarm must be sounded against its abuse. The recent discovery of its value as a nerve tonic places it on the list with morphine, chloral, cocaine, etc., so seductive is its gentle soothing influence on the overstrained nerves. Its victims are already found, especially among society women, whose nerves, strung up to a high pitch by the overwhelming demands of a winter season of gaiety, seize eagerly on anything that will afford relief from the headaches and other disorders arising from prolonged fatigue and overtried nerves. So pleasing is the effect that it is soon used for every trifling ill feeling, till the patient finds herself unable to live without it, and the fascinating "antipyrin-habit" is formed. Properly used as a nerve-tonic, its effects are admirable, but *abused* the victim becomes even more hopelessly entangled than the morphine or the cocaine victim. The effects

vary with the dose. In large doses it produces complete relaxation with the loss of reflex action. In moderate doses, continued, it induces convulsions. As a stimulant its effect is much like quinine.

METHOD OF MODERN MEDICINE.

Take typhoid fever; much study has taught us that this fever has a course which cannot be put aside; that in the majority of cases it tends toward recovery; but that it sometimes kills by the exhaustion which it produces, by the diarrhea which it causes, or the burning fever that accompanies it, or by various accidents. The doctor, knowing that he can no more cure typhoid fever than the captain of an ocean steamer can cure the coming storm, tries, not to put aside the storm, but makes tight and trim the bark whose freight is life, and strives to guide it safely through the tempest. The moment he sees the health barometer falling he puts the patient in a state of absolute rest, so as to save the last grain of strength, for he knows that the time may come when a hand's breadth shall make the difference between being wrecked on the promontory or scraping by the cruel rocks into the safe harbor of convalescence; by the careful selection of food and the use of local remedies he lessens the irritation and keeps the diarrhea in check; by cold he takes out the extreme heat of fever; and so, everywhere watching, he guides his patient safely through; perhaps during the whole course of the disease giving very little medicine, but fearing not in a crisis to support most boldly and vigorously some failing vital function.—WOOD, H. C.,—*Address in Medicine, at Yale.*

Work for Idle Jaws and Dentists.—"When chewing gum was invented," said a prominent specialist recently, "an inestimable boon was conferred on dentists. The gum does clean the teeth, it is true, but it pulls the plugs out of them. This is why the dentists like it so. The Brooklyn man who has made a fortune out of chewing-gum was trying to discover in the juice of the Mexican tree he now uses for this gum a substitute for India-rubber. His substitute was a failure. Somebody gave him the idea of providing idle jaws with something to chew on, and lo! his gum turned to gold.

PROFESSIONAL FADS.

BY WILL H. JOHNSTON.

From the Brooklyn Medical Journal.

A "fad" is tersely defined in the later editions of the dictionaries to be a "hobby," and only in the later editions I think it will be found. It has become, however, so commonly used to express this idea, that I presume any explanation is unnecessary.

It is the common thing nowadays to find that our neighbor across the way, the friend whom we meet at the club, at the lodge or in the church, is engaged in some pursuit that may happen to be the fashionable "fad" of the hour. Many of these are amusing but harmless; some appear to us ridiculous, idiotic even; a few are undoubtedly pernicious. While the professional "fad," however, inflicts injury only on the one who gives himself up to be influenced. But the professional man who allows reason to abdicate in favor of some theoretical vagary, and goes about his business with a constant prayer that Providence may send him some one by whom he can prove to the world the honor he confers on it by living, is likely to answer his own prayers by making a victim of the first innocent that chances to drift within his reach. This tendency greatly diminishes his professional usefulness and makes him a menace to the increasing aggregate of human happiness.

There are physicians of extensive practice who keep in mind three or four stock prescriptions and who seldom allow themselves to step outside the well-beaten paths. There are others famous for their "shotgun prescriptions," dosing every important case with all the new and untried drugs in the market.

I call to my mind a gentleman (perhaps some of you may remember him as well) whose "fad" is the theory that gold is the only substance fit for use as a filling material. He is a man very positive in his convictions (at least he is very positive in his statements); he has a wonderful command of language, and could talk louder and longer than any man in the assembly. Gold, he insists, is the only material that any respectable practitioner ought to think of using when called on to repair the ravages caused by dental caries. Were not some teeth when first presented for his care so frail that there would be danger of fracturing the enamel in using gold? Not at all. He can condense with an eight ounce mallet any quantity of gold without endangering the frailest wall. Were not some cavities so inaccessible that under the circumstances a dentist would be justified in using perhaps an amalgam or a—? *Never.* Out on the man who would so lower the standard of his profession as to consider for a moment the substitution of such a base alloy. But, at least, when called on to give comfort to the

little children he did not insist on subjecting them to the ordeal of having gold hammered into their little molars? Yes, always. He gave them to understand he kept nothing *but* gold in his shop and they must submit to his superior judgment. But really he never had any trouble on this score. Under the magnetism of his gentle manipulation the children, however timid or nervous, became his most grateful subjects.

Is the picture overdrawn? Those of you who were in the habit of attending the "conventions" of twenty years ago must have met this gentleman there. Sometimes he represented the East and sometime the far West, and again he hailed from the South; but I think you will bear me out in the assertion that the gentleman with this particular "fad" generally dominated the assembly and met with little serious opposition.

I remember a little incident that happened about the time this "fever" was at its height, which made a peculiar impression on me and which will serve to show the state of the professional mind, during this period, of the leading men in our specialty. It was near the close of an evening's discussion on the use of gold in broken down teeth and difficult cavities, when one of the younger members proposed his conundrum to one of the older and most respected members of the profession something as follows: I would like to ask Dr. X. "if a patient presented, with a cavity on the upper surface of an upper wisdom tooth, the pulp not exposed and yet very sensitive, what would you advise?" Dr. X. considered for a moment, and then slowly replied: "If I had such a tooth in my mouth, I should go to the best dentist I knew and ask him to prepare the cavity as carefully as he could and then fill it with amalgam." The good doctor did not want to go on record as recommending the use of an alloy, and yet he was too honest to say that in such a supposed case he would advise the use of gold. But all this was a great many years ago. I see that the Odontological Society spent an evening not long since in glorifying amalgam.

It is not in the nature of "fads" to enjoy long continued popularity, and this one, with its numerous and eloquent advocates, proved no exception to the rule.

One of the most brilliant members of our profession, a gentleman with a sanguine temperament and a sandy complexion, arose in open rebellion at last and proclaimed a new "fad." Instead of gold being the only material fit for the preservation of the tooth structure, he boldly asserted that "in proportion as teeth needed saving, gold was the very *worst* material that a dentist could use for that purpose." This proposition he proceeded to demonstrate with a logic so unanswerable and an eloquence so captivating that the gold men held their

breath, as one does when at the close of a luxurious Turkish bath the attendant turns a faucet and you find yourself under a deluge of cold water. His most telling argument, however, was a pathetic recital of woes entailed on the human race by those ridiculous men who had insisted on hammering beautiful gold fillings into every tooth that came in reach of their mallet. But for the painfully evident truth of the deplorable picture he drew, his particular "fad" would never have attained the prominence of a national issue.

Many accepted his theories and practised them to their future sorrow and humiliation, yet in the terse statement given of his position, that "in proportion as teeth need saving, gold is the worst material with which to fill them," there lies the grain of truth which has destroyed, we hope forever, the pernicious activity of the golden "fad." To-day the men in our profession of the widest usefulness frankly acknowledge their employment of amalgams, the oxy-phosphates, and gutta percha, as well as gold, as agents through which they express their best service to their patients. So through the contending forces of these opposing "fads," a proper equilibrium is being established, which will add much to the aggregate of our usefulness in the future.

Then I remember meeting somewhere, at sometime, a worthy member of our profession who astonished us youngsters, when asked as to the best method of destroying a badly exposed pulp, by declaring that he never destroyed any. Arsenious acid was probably the best thing to use, but he never allowed anything of the kind to be brought to his office. He believed that the pulp of any tooth might be saved, and he should consider it a case of malpractice to put arsenic on one because he found it exposed. If it was in a healthy condition there was of course nothing to do but to cap it carefully; if it was sick, treat it till it was well; if part was dead, cut that off, and restore the rest to vigor and activity, measure carefully the exact distance up the root to the living tissue, and fill up just to there, being very particular not to bring any pressure, etc.

Then there was a man who deprecated the use of poisonous drugs, and declared that the best way to destroy the pulp was to shape an orange wood spile as near as possible to the pulp chamber, and with one blow of the mallet drive it into the root. He declared it was surprising how insignificant was the pain caused by his method. This gentleman did not fill many teeth, it was so much more convenient to saw the tooth off, drive in a spile, and fit on a crown. We do not hear much said just now about this short cut to glory, but it may be silently winning its way.

Let us turn our attention to a few of the "fads" which seem to dominate the present and which may be the means of leading some of

our more optimistic co-laborers out into water that is over their heads. Any theory to secure wide acceptance must contain a germ of truth which commends it to reason, and it is only when reason seems to be giving way before the enthusiastic pursuit of something new, that it becomes necessary for some one to sound a note of alarm.

Consider "teeth without plates." The past twenty-five years has witnessed the evolution of the "tooth crown" in all its strength and beauty from the old fashioned "pivot tooth." As we all know, it is not a new invention, and to no one man belongs the glory of its perfection. This I say without wishing to detract from the honor due to any or all those who have labored in this direction. As it stands to-day, it is one of the most potent adjuncts of modern dentistry, and places within our reach a means of service to mankind that has in the near future the highest possibilities. But now notice, how soon from a good thing a man degenerates into a hobby rider. He crowns a canine root and a second bicuspid, and the first bicuspid having been extracted it occurs to him to attach a third tooth to the crown on either side. The work is well done and is pronounced a success by the patient. The worthy brother tells of his exploit at the next meeting of his society. A vast field of experiment is opened, and the spirit of rivalry is soon at fever heat. The bridge expands, the span stretches from cuspid to cuspid, from cuspid to molar, till some proud enthusiast exhibits to the admiring gaze of some convention a beautiful specimen of workmanship consisting of fourteen teeth which he proposes to cement to two old broken down molar roots. Now from the time the first span was stretched from canine to second bicuspid, anyone could see that this was a possible thing to do, but is it a good thing to do? I believe that the day will soon come, if it has not already dawned, when these extended bridge builders will look back with mortification upon their particular "fad," and if they are honest repent in sackcloth and ashes.

There is something very fascinating about this "bridgework," especially as its successful completion, like all other works of civil engineering, betokens a more than ordinary amount of skill; but will it stand the test of time, and comfortable service? It may be well for some one to make experiments, but when hundreds, with all ideas of reasonable service made secondary to their pride in skilful manipulation rush headlong after some brilliant "fad," the resultant sum total to the community at large is something awful to consider. The truth is "bridgework," even in its more moderate development, has elements of weakness, which make its adoption in many if not in most cases of very doubtful expediency. The chief among these are its uncleanliness and the difficulty attending its repair. The former has been charged

against it from the start, and I have examined many beautiful specimens at various times and places, wherein the chief advantage claimed was the precaution taken, by means of which this grave offense would be made impossible, and so that with less than ordinary care they might be kept as clean as the natural teeth. As I looked at them and listened to the proud father growing eloquent over the many virtues of his child, I could not see why all should not be as he fondly wished. I must say, however, that I have never seen a piece of "bridgework" after being worn for three months, which was as clean as the natural teeth in the same mouth. Some of this work was my own, and more was not.

The second difficulty is one which may react more seriously to the dentist than the first and is the one which may the more certainly bring this work into disrepute, for strange as it may seem, most people are not as sensitive in the matter of cleanliness as we might imagine, especially if the offense cannot be seen. It is comparatively easy to make the bridge strong, if the span be not too long, but as long as we are compelled to use porcelain teeth we must be prepared to repair a fracture. Not long ago I received a call from a young lady who was in great distress. She said her home was in one of the great cities of the West, and that she was in Brooklyn visiting some friends. "I had planned," she said, "to remain here three or four days longer, but I shall have to return home at once to have a tooth repaired." I told her, with some pride, that it was quite likely she could find some one in the city of Brooklyn who would be able to make what little repairs were necessary, and thus save her the necessity of returning home sooner than she had planned. I intimated I thought myself equal to the undertaking if she felt confidence enough in me to let me try. On examining her mouth I found a beautiful bridge of six teeth cemented firmly on two cuspid roots, and the lower half of the left central incisor gone. She informed me that while drinking from a goblet the evening before, some one had playfully hit her elbow, and the edge of the glass had struck the tooth with such force as to break this tooth and produce the condition I have described.

What was I to do? My pride was all gone and I was perhaps the most humble man she ever saw, unless it was the gentleman who made the beautiful structure, when she presented herself in his office and asked him what he could do.

After examining carefully the setting, I had to tell her that I thought I could duplicate the whole thing for her, and I could not promise that any less an operation would be sufficient if I attempted to remove the crowns. I am sorry I did not get the name of her dentist so that I could write to him and get his opinion regarding the difficulties attending this class of work.

After the "all gold fad" had received its death blow by the valiant champion of the "plastics," the members of our profession began to turn their attention to the improvement of plastics, and especially the color of the amalgams. And now comes a swing of the pendulum in the opposite direction. It is something that would astonish any chemist outside of our profession, and strange to say the advocates of the use of copper amalgam are found to-day chiefly among the better class of operators. It is hard to account always for the unexpected influences that tend to make any article or practice popular, but as the wide sale of "gold and platina alloys," so-called, was hastened by the opportunity it gave the dishonest to impose a higher fee upon the public under protection of a false reason, so the use of copper amalgam seems to appeal to some because it antagonizes that very thing which is so distasteful to them. Societies are spending whole evenings in discussing the subject and in praising its good qualities, while few interject a word of caution. I am not able myself to condemn a practice from observation which is so new in our city, but I know that in all other forms *except* as amalgam, copper is a dangerous metal to come in contact with the mucous surfaces, because it is so easily acted on by the various acids. I should especially be fearful of using a copper amalgam in a mouth where the surface kept bright, for I think only the constant action of some acid could produce such a condition of the filling. I would not denounce the use of copper under all circumstances, but don't ride your hobby too hard; it is possible that after you have some pounds of copper distributed around among your patients you will regret it.

As no operation ought to be made on the human body without careful thought as to what is best in that peculiar case, so I believe no dentist is justified in making experiments in which he can have no reasonable ground to hope for success. Our desire for something new is becoming so strong that we appear quite satisfied sometimes if a thing is *only* new. We are in danger of making the mistake of thinking that all motion is progress, forgetting that the boy on his hobby horse exerts himself tremendously, but makes no advancement.

"'Tis in the advance of the individual minds
That the slow crowd should ground their expectation,
Eventually to follow—as the sea
Waits ages in its bed, till some one wave
Out of the multitude aspires, extends
The empire of the whole, some feet perhaps,
Over the strip of sand which could confine
Its fellows so long time; thenceforth the rest,
Even to the meanest, hurry in at once."

Browning.

INFLUENCE OF THE MIND OVER SENSIBILITY.

DR. WM. H. PAGE, REMINISCENCES OF THE WAR.

Several patients brought to me were saved by sheet-iron vests, one by a small, round, tin-cased mirror in his vest watch-pocket. I showed him that he was unhurt, when to his great joy he straightened up, looked for a moment, seized his sword, and in a minute more was flying to his regiment, which was then in the hottest of the fight. He thought surely he was shot through the chest. Another, who thought himself mortally wounded, was shot by a conical ball in the belt plate, carrying away a large portion of the U. S., but it was able to glance from his body, tho it went afterward through his arm, about three inches below his elbow.

And this reminds me of some cases which illustrate the all-absorbing interest men take in a fight or on picket, especially in the murderous, barbarous manner in which picketing is done. Another man, belonging to the same regiment (Fifth Michigan), was brought in at the same time. He says that when his comrade, above mentioned, fell (for it knocked the breath out of him for the moment), he retired behind a tree for safety, and to wait his chance to send the enemy a similar message, not having the least idea that he was hurt. He had stood there some time, watching with eagle eye, when he felt something running down the front of his body, and on opening his vest, for the first time found that he had three buck-shot just above his heart, and the ball itself had cut a gash an inch and a half long, and over half an inch broad, on his left breast. Several other cases of a much severer character have been related to me by the wounded, where they knew nothing of it at the time, and but for the multitudes which were pouring in on us, preventing all conversation, I have no doubt I could have collected scores.

This all-absorbing interest was also remarkably illustrated by the ease with which I was able to perform almost all sorts of operations, while the tide of battle was flowing nearer and nearer, without the use of any anesthetics, and without any complaint from the wounded, thus enabling me to relieve twice the number.—*Boston Med. and Surgical Journal.*

Molar Tooth Lodged in the Tongue.—A man, about twenty years of age, entered the hospital about ten days after the battle of Williamsburg, having received a wound from a bullet, which struck the right side of the lower jaw, and passed out through the upper lip. The jaw was shattered, and when he entered the hospital there were purulent deposits connecting with the neck externally and the mouth internally. The patient was etherized, and the wound being explored,

bits of bone were found everywhere buried in the substance of the cheek and the surrounding soft parts. These were extracted, and the wound healed rapidly. Some weeks afterward he presented himself at the hospital with a swelling in the tongue, the edge of which had been wounded by the bullet, and which till lately he had been unable to protrude. On examination, a hard body was found imbedded in the substance of the organ, which, on being cut, proved to be a molar tooth, which had been knocked out of the jaw and buried in the tongue.—*Boston Med. and Surg. Journal.*

LARGE TEETH.

In November ITEMS, Dr. Thatcher, of West Liberty, Ohio, speaks of having extracted a cuspid measuring one and one-eighth inches long.

In 1870 I extracted two cuspids from the same mouth, one measured one and seven-sixteenth inches long, the other one and three-eighth inches long. The longest one I sent to the museum of the Pennsylvania or Philadelphia Dental College; the other I have on exhibition at my office in Sunbury, Pa.

J. R. CRESSINGER.

Yes, Dr. Thatcher, I have in my possession two teeth that outmeasure your large tooth.

May 18, 1882, I extracted both upper cuspids for a gentleman of this city, which, on account of their enormous size, I preserved. Their length, respectfully, is one and one-quarter inches, and their circumference one inch. Another peculiarity is, that the fangs are nearly round and taper but little, their circumference being nearly the same almost to their apex. I have also a superior cuspid which I extracted recently for a lady, which is the same in circumference, and within the shadow of a fraction the same in length. Next.

Leavenworth, Kansas. D. BURRELL.

A Large Tooth.—I notice in the November ITEMS, Dr. Thatcher gives size of tooth extracted by him, and asks, Has any one extracted a larger tooth? I have an upper right cuspid that I extracted about two years ago, which, after being dipt in muriatic acid, scraped and dried, measures to-day a little over one and one-fourth inches in length, and one inch in circumference.—O. W. BAKER.

Outraged Erin: "Gintlemin, I wud loike to ashk thim Amerikins wan thing: Who doog the canals uv the coontry but furriners? Who built the railruds uv the coontry but furriners? Who worruks the moines uv the coontry but furriners? Who does the votin' for the coontry but furriners? An' who dishcoovered the country but furriners?

MARSHALL, TEXAS, Oct. 18, 1889.

Editor ITEMS OF INTEREST:—It took me a long time to fully realize the importance of getting a proper articulation in artificial dentures. It is the main thing to look to, and of that fact I become every day more and more convinced. Where I once would file and grind away, and disfigure the essential flanges and surfaces, I now secure, in nine cases out of ten, perfect comfort and satisfaction from changing the articulation. I am sure I have lost a great deal, in time, reputation and money, by not having sooner discovered this, as I term it the "key note" to satisfaction. LINDLEY H. HENLEY.

Dr. Welch, your alloy is my favorite.

KOKOMO, Ind., October 15, 1889.

Some one said in last ITEMS that 95 per cent of the profession cannot or do not pay for the materials they use, at the time of purchase. This may be true, yet it is not the fault of the profession. But few dental dealers will give a discount for cash, and the average dentist reasons that he had better keep his cash and have the use of it —if the goods cost the same. It is not just that he who is willing to pay cash should be charged the same as he who gets his goods on 90 days or possibly never pays at all.

Many dentists buy things they do not need—because the agent anticipates the arrival of a competitor—and says "here, let me leave you so and so—you will need it before I come again." I believe it would be of advantage to dealer and dentist to make cash transactions an object. J. R. MORGAN.

So do I—Ed. ITEMS.

The Sympathetic Relations between the Eyes and Teeth.—Dr. W. W. Cooper says: It should be borne in mind that in many obscure cases of inflammation of the eyes, and of impaired vision, the real exciting cause is to be sought for in the teeth. The absence of pain in the teeth proves nothing; the focus of irritation is there, but the evidence is to be found elsewhere. A young gentleman suffered from severe inflammation of the eyes, which proved very intractable. His teeth being unsound, he was sent to a dentist, who found it necessary to extract four molars and three of the first incisors, since which the inflammation in the eyes has disappeared. In another case where there was inability to fix the eyes without pain, for reading and writing, the greatest relief followed lancing the gums over the wisdom teeth, which were about to burst through.—*Lancet.*

In Sacramento, Cal., it is unlawful for any person under seventeen years of age to smoke cigarettes.

THE FORCES OF THE LIVING ORGANISM.

DR. W. SHARPEY, ENGLAND.

In the course of an able address on physiology before the British Medical Association, Dr. W. Sharpey made (*Med. Times and Gazette*) the following comprehensive remarks upon this subject: "And now, gentlemen, in drawing to a close, I may be expected to say a word on the prevailing views as to the powers which animate the living organism."

Many of the processes of the living economy issue in physical or chemical results; and the relation subsisting between these results, so far as they can be estimated, and the consumption and oxidation of nutriment, as indicated in respiration and excretion, would seem to show that the chemical and mechanical forces developed are derived from an extrinsic source. But there are energies displayed in the living body not yet estimated, concerning which, therefore, there is not the same clear evidence. I refer especially to the nervous energy.

In speaking, however, of the nerve-force, I understand that force which is common to all creatures possessing a nervous system, from the highest to the lowest. I do not refer to the highest attributes of man, to his sense of moral responsibility, his consciousness of dependence on a higher power, and his aspiration after perfection in a future state.

This nervous force has long been likened to electricity; but rather through a vague perception of analogy than from any rigorous comparison. It is true that electric force is developed in the nerves, and even exhibits modifications connected with different conditions of nervous action. Still, the evolution of electricity is a common accompaniment of various processes, involving chemical change, whether within the body or in external nature; and the tendency of recent speculation is not toward identification of the nerve force with electricity, but rather to suggest that the two stand related in the same way as electricity and other physical forces are related to each other; that is, as manifestations of a common force or energy, of which they, severally, are the special modifications.

Since the memorable experiments of Count Rumford on the heat of friction, which led that philosopher to the conclusion that heat is a form of motion, and the determination by Dr. Joule at a later period, of the equivalent of heat expressed in mechanical work, the doctrine of commutability and equivalence of force, first applied to these two agencies, has extended itself to the other forces operating in the material universe. Accordingly, the opinion is now gaining consistency and acceptance that mechanical energy, heat, light, chemical action, electricity and magnetism are mutually convertible, and are respectively equivalent to each other; moreover, that they are probably all the

expression of a common force which manifests itself under these several modifications, according to the different material of dynamic conditions in which it operates.

Now, the belief has some time prevailed that the nervous, with perhaps other forms of organic energy, has its place in the same circle of reciprocally productive and equivalent forces; and not being electricity more than it is heat or chemical affinity, yet stands related to electricity and the other forces in the same way that they are related to each other.

But supposing this probable doctrine to be proved and to betoken a signal advance in physiology, are we come to the end of our inquiries? Are we thereby enabled to explain even the most characteristic phenomena of the living organism?

By mechanical force properly applied, a fabric may be woven as well, or perhaps better, than by human hands; but by what intelligent prearrangement is the pattern determined and finally brought out? So in the production and development of an animal, and in its subsequent workings—given the forces operating—how are the determinate forms and qualities of the organism produced?

To all our most exquisite means of scrutiny, the ovum, as it proceeds from the parent, presents nothing to indicate the course of its future development; and yet we can speedily discern in it the traces of the new being, and recognize the successive appearance of each new member and organ—in proper time and form and proportion—till the body is built and completed after the pattern of the parent. We can perceive nothing in the ovum of man to distinguish it from that of a quadruped, tho their final destination is so different. We are constrained, therefore, to admit some pre-existent condition, to us inscrutable, which determines the specific direction in which the forces, acting in development, though probably supplied from without, must operate within the organism. And the marvel reaches its hight when we reflect that not the character of the species merely, but the individual likeness of the parent—aye, of both parents—displays itself in the offspring; and not alone in bodily feature, but often also in intellectual and moral peculiarities.

Then, not alone in regulated form and proportion do the parts appear, but all fitting harmoniously the one to the other, and each in its appointed time. The periods of incubation and gestation, different but determinate in each species; the regulated time of consolidation and completion of the bones of the skeleton; of the eruption and succession of the teeth; the periods of maturity and decline of the whole body and of particular organs; and a host of examples supplied by the history of the lower members of the creation, serve to illustrate

that conspicuous law of subordination to time in the phenomena of the organic world, which Mr. Paget has aptly designated as the "chronometry of life."

Now, while we can in many cases discern the purpose of these adaptations of form, proportion and time, and perceive how they, as it were, fit in with, tho not apparently produced by, the outward circumstances in which the organism is placed; and while we must revere the infinite wisdom by which they are harmoniously brought about, we are still utterly at a loss to explain them by reference to efficient causes. In some of the lowest tribes of animals, it is true, the results are affected by physical influences, but these influences operate on internal conditions, existing independently. In the human body, even, you may cramp the growth of a Chinese foot or flatten a Carib skull, but this is suppression or distortion, not formation.

The growth of a finger or a tooth may be traced, and various steps in the process explained; but the acquirement by these and other parts, and indeed by the entire body, of their characteristic form and proportion, is still an inscrutable, at least an unpenetrated mystery. Unpenetrated, I mean, as regards the physical or efficient causes of the phenomena; for the purpose or final cause is often patent; and hence we see that teleological explanation holds, and doubtless must continue to hold, a large place in physiology.

But shall we on that account censure as rash or stigmatize as impious all attempts to go farther? Shall we presumptuously set limits to the scope of those inquiring faculties which God has conferred on man, or prejudge and reject by anticipation conclusions to which their rational and reverential exercise may lead? Assuredly not. Let us not, therefore, with narrow views of the scheme of Providence, worthy of a darker age, join in blindly denouncing the genial effort of one of the foremost men of science in our time, to refer mutations of organic form and the origin of species to natural causes of known operation. Faint as some may deem the prospect of success of Mr. Darwin's great attempt, let none condemn its tendency. Should it ever be shown that the wonderful adaptation and harmonious working, so conspicuous in the living creation, have been brought about by the operation of great natural causes, originally ordained by the Author of the universe, and acting through countless ages of time, surely such an issue could but tend to enlighten and exalt our conceptions of creative wisdom.—*Medical Times.*

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* Ninety-nine per cent of ambition to try, and one per cent of talent, is all that is necessary to success; in nearly every thing we undertake most of us lack *push.*

SYMPATHETIC ACTION.

DR. D. LENTE.

Middlemore says "Amaurosis may arise during the period of dentition; it may take place from the irritation of a carious tooth; from laceration or other injury of the supra-orbitar nerve." He relates a case in which Mr. Howship removed an encysted tumor from the scalp, which produced "*marked and permanent improvemeat in vision.*" Another case, in which M. Demours removed a tumor from the neighborhood of the eye, and thus *produced* amaurosis. Another from the *Edinburgh Medical and Surgical Journal*, "which would appear," he says, "to prove that wounds of the *infra-orbitar* nerve may restore the sight of an eye which has long been lost from an amaurotic affection." "A man was affected with perfect *gutta serena* of the right eye, and had the sight of the eye restored, he thinks, *in consequence* of receiving a smart blow in the neighborhood of the infra-orbitar nerve of the right side of the face." Another still more striking case, in which a person received "a wound just above the right eyebrow from a piece of glass, which was removed immediately after the accident." When the wound had healed, "the sight of the right eye was very nearly lost; he had a painful sensation in the neighborhood of the cicatrix, and a singular sense of creeping, and pinching and quivering of the upper eyelid and the integuments of forehead." "I made a free incision of the cicatrix down to the bone, and all uneasiness at once ceased, and the eye, shortly after, assumed its healthy character and functions, and *vision was permanently restored.*" Lawrence, after relating two or three cases of amaurosis following wounds and the formation of cicatrices over the brows, remarks: "It is still of doubt whether injury of the frontal nerve may cause amaurosis." And yet, he adds, "injury or other irritation of the trigeminus may bring on impaired vision or amaurosis." "The sympathy between the trigeminus and the immediate nervous apparatus of vision affords the only explanation of some apparently obscure cases, in which amaurosis seems to have depended on a carious tooth, or on some other local affection seated in the head."

The following remarks by Marshall Hall were reported in the *London Lancet* for 1837–38: "These experiments," alluding to those made by Magendie, "are not the only evidence we possess of the influence of the fifth pair on vision." "In an interesting case under my own care, a partial amaurosis of the right eye has arisen apparently from the caries of the upper cuspid of the right side." It was augmented by unsuccessful efforts at extraction. It has not ceased, however, since extraction was effected. "These facts," says he, speaking of this and other cases, "with the similar results from wounds or

tumors of the supra-orbitar branch of the fifth, appear to me to confirm the extraordinary experiments of Majendie." Hennen says: "I have met with one or two cases of amaurosis from wounds of the supra-orbitar nerve." "Scarpa," he says, "doubts of the possibility of the cure of amaurosis from this cause, and mentions Valsalva's case as the only one on record." M. Hey, however, states another in the *Medical Observations and Inquiries*, Vol. V. M. Larrey mentions another, Vicq. d'Azyr, who gives a case of amaurosis from a wound of this nerve, in the *Histoire de la Société Royale de Médecine*, Anné, 1776, says he has "since divided this nerve in quadrupeds, but without producing any such effect."

That defective vision may result as the direct consequence of irritation of the terminal branches of the fifth pair may also be inferred from the effects of remedial applications to these nerves, and from the phenomena observed to follow irritations and injuries of other branches not so immediately connected with the eye. Some of these instances it will be proper to mention. A friend of the writer, a distinguished surgeon of New York City, was incapacitated for business by violent neuralgia of the face. After having suffered some time with it, he noticed that one of his molar teeth was defective, and went to a dentist to have it examined, not supposing, however, that it had any connection with his neuralgia, since it gave him no pain. Its removal was advised. The operation was scarcely over before the doctor experienced complete relief from his excessive pain. "I felt," he said, "as if I could have shouted for joy." A lady, a short time since, applied to me to extract a tooth for her little daughter, which, she said, had been causing her excruciating pain day and night; but, on examination, I could discover no defect, and prescribed some anodyne remedy, which gave only temporary relief. A dentist was called in, who also declined extracting a sound tooth; but on a second visit, and a closer examination, detected an unsound tooth at some distance from the offending one and extracted it. The pain instantly ceased, and did not recur. Mackenzie relates a remarkable case in point. A man had violent neuralgia of the eye, soon followed by amaurosis, and continuing, notwithstanding various treatments, for several months. At this time M. Galenzowski, to whom he applied, "found vision of the left eye lost and the pupil dilated. He extracted a decayed tooth from the left upper jaw, and, to his astonishment, and that of the patient, found attached to its root a splinter of wood, supposed to have been originally a part of a toothpick. In *nine days the patient had entirely regained his sight.* Mackenzie relates another equally remarkable case, occurring in the practice of Dr. Van Zandt, of St. Louis, "of a young man affected with complete amaurosis, excited by the persist-

ence of two deciduous teeth. *As soon as they were extracted*, the patient looked up as if terrified, and *found his vision restored.*" "Morgagni, Notta, Deval, Tavignot, and others," says M. Echeverria, "have known amaurosis to be caused by neuralgia, and to disappear with the neuralgia." Such cases as these might be multiplied.

There are several features in the rather remarkable history of Antoinette H. which require some notice before concluding this article. It was objected by a very distinguished oculist, to whom the case (one in which part of a gun cap was accidentally driven into the pericranium of the left side of the forehead, producing amaurotic and other disturbance) was related soon after its occurrence, that the wound being on the *left* side, the amaurotic symptoms should have affected the left eye, and not the right. But this is not more remarkable than that disease in one tooth should seem to occasion a violent toothache in another perfectly sound; or that irritation of the nerves of the stomach by acidity should induce violent neuralgia of the supra-orbitar nerve; or that an irritating application to the mucous surface of the eyelid should determine also an immediate irritation of the Schneiderian membrane, succeeded by violent sneezing; or that simply touching the *membrana tympani* with a probe should sometimes give immediate relief to a toothache.—*Am. Journ. Med. Science.*

In an Article on Platina in the ITEMS for September, I find among other quotations from *The Electrical Review* the following: "On account of the high degree of heat necessary to fuse or melt platina—melting point being 1460° to 1480°—it is the only metal used for making the pins of porcelain teeth, and on account of its value and lack of any known substitute, has become the greatest item of expense in their manufacture."

The 1460 or 1480 degrees given above as the melting point of platina must be rather low.

Scientific authorities give the melting point of copper as 2548°, gold 2590°, wrought iron 3980°.

If *The Electrical Review* and the other authorities are both right, platina might be melted in an iron ladle and over a very moderate fire.

Who is right? LITTLEFIELD.

A Physician, who understands human nature, plays with the baby, makes friends with the children, and listens to the woes of the good wife and mother, is the fellow to whom the master of the house most cheerfully pays the largest bills. It's the comfort, the consolation, that mark the broad line between an unsuccessful and a popular physician.—*Ex.*

[And it is the same winsome disposition that makes the successful dentist.—ED. ITEMS.]

MOST OF US ARE.

"Oh my tooth aches just dreadfully. I don't see why we cannot be born without teeth." "I think, my dear, if you will look up some authority on that point you will find most of us are."

Dr. J. C. Reese, Cameron, Texas, after two years' experience in the hypodermic injection of cocaine for the painless extraction of teeth, reports but one absolute failure and no alarming symptoms in any instance.—*Dental Register.*

Facial Paralysis.—Dr. Coale reported the following case to the Boston Society for Medical Improvement. The patient was a healthy, well-regulated girl, aged eighteen, who at first noticed that her face was somewhat stiff, and in twenty-four hours completely paralyzed on the left side. There was great distortion on laughing or talking, a staring left eye, and tenderness of the whole left side of the face. The tongue was not at all affected, the disease being confined to the portio dura. No cause could be found for it, unless it was that she had defective teeth in each jaw, as much, however, on one side of the mouth as the other. The treatment consisted of leeches to the place of exit of the nerves, strychnia, etc., but with no benefit. After the lapse of three weeks she was advised to have her carious teeth removed, and thirteen were accordingly extracted. This was followed by manifest improvement in the course of five days. Electro-galvanism was then gently employed, and the patient recovered.

Dr. Tyler said that several years ago he had under his care a lady with severe sciatica, for which all the usual remedies had been tried in vain. Finding she had several decayed teeth, he extracted four or five with benefit. The remainder were subsequently drawn, after which the patient had no more pain.

In 1853, a boy, aged nineteen, was brought to the New Hampshire Asylum, in a state of mania. Dr. Tyler ascertained he had had a tooth extracted some time previous, and that one of the fangs had broken off, and remained in the jaw. Suppuration took place, the pus discharging outwardly, and the boy was suddenly attacked with mania. The fang was removed, the fistulous opening closed, and the patient quickly recovered.

In another case of mania, the patient being a young lady, several decayed teeth were removed. The patient remained to some extent under the influence of the ether, which was given at the operation, for twenty-four hours. After that she was cured of the mania.

These facts have led Dr. Tyler to regard decayed teeth as of great importance in connection with nervous disorders.—*Boston Journal.*

DENTISTS AND DIPLOMAS—DECISION OF A NEBRASKA JURY IN AN INTERESTING CASE.

Five months ago Dr. G. W. Swartz, a dentist in Nebraska City, Neb., was arrested and fined $50 under the law requiring dentists to have a diploma, showing them to be graduates of a dental college. Swartz had no such diploma, but had one from a medical college, showing him to be a regular graduate. He appealed to the district court and the case occupied nearly a whole day. The jury, after an all night's session, returned a verdict of not guilty, holding that if physicians were allowed to extract teeth, Swartz's diploma allowed him to do so. The case is the first one in the State under the law, and it excited much interest among physicans and dentists.

Dr. M. Chas. Gottschaldt, New York City, suggests running the edge of sandpaper or corundum discs over a cake of dry toilet soap, giving a smooth edge which will glide over the rubber dam, preventing the catching which is so annoying.—*Dental Register.*

"**Doctor,** I see by this periodical on your table that a man was prosecuted for simply advertising himself as a dentist, his competency, except from a legal standpoint, being admitted."

"Yes."

"I thot the dental profession boasted of its liberality—made unprecedented claims in that direction."

"Yes."

"Then isn't this pretty small business for a liberal profession to be engaged in?"—*Odontographic Journal.*

Pat (in gaping wonder at the letters on a Hebrew butcher's sign): "Here, Mike, 'tis yerself has the foine larnin'. Can yez rade that, now?" Mike—"I cannot; but if I had me flute here, I belave I cud play it.—*Boston Commercial Bulletin.*

A SERIOUS TIME.

Put away the beefsteak, Mollie,
Chop the cutlets into hash,
Turn the solids into salads,
Crush potatoes into mash;
Bake the rice in little patties,
Have the mush with dressing mixt,
For the hour is fraught with danger—
Papa's teeth are being fixt.

Mix the festive pancake batter,
Chop the lobster into bits,
Fry the soft and plastic doughnut,
That the grinder never grits;
Cut the bread in yielding slices,
Lay an oyster in betwixt—
Banish all the pleasant solids—
Papa's teeth are being fixt.

—*Ann Arbor Chronicle.*

The doors leading to prosperity usually fly open at the approach of those whose energies command success.

To preserve your instruments from rusting, immerse them in a solution of carbonate of potash for a few minutes, and they will not rust for years, not even when exposed to a damp atmosphere.—*Columbus Medical Journal.*

No person living will again date a document properly without using a figure "9." It now stands on the extreme right—1889. Next year it will take third place—1890, where it will remain for ten years. It will then move into second place—1900, and there it will rest for a century.—*Boston Traveler.*

The Dental Cosmos is certainly a model of typographic excellence. Its paper, type, and clean proof-reading is praiseworthy. Its contributors also are of the first-class; the wisdom of selection is conspicuous, and every issue gives a sense of completeness, weight, and careful preparation.

Dr. H. Fisher, St. Louis, Mo., says that the sulphuric acid generally used to aid in the preservation of peroxide of hydrogen, may be neutralized by adding baryta-water, drop by drop, till turbidity ceases. Thus neutralized it forms a valuable mouth wash in typhoid and other low forms of fever by its cleansing properties.—*Dental Register.*

The following item is being circulated through the press in Germany: "Germany annually spends 430,000,000 marks for its army, but not much less for alcoholic drinks, which cost 406,000,000 marks. The statistics show that the intemperate class furnishes 30 per cent of all the insane, 50 per cent of all the poor, and 70 per cent of all the criminals." These facts neutralize the claim so often set up, that in Germany, where beer is used almost universally, little drunkenness exists. The effects of liquor are much the same the world over and in all ages.

"And, doctor, can you make this 'bloom again?'" asked Father Time, pointing to a specimen of the vintage of 1840. "I was once a footlight favorite, and men showered me with pearls and diamonds. Oh, can I be young again?" she exclaimed, with the fervor of a maiden of sixty-two summers. "You shall be Queen of May," responded Dr. Brown-Sequard, as he proceeded to his laboratory and slaughtered a fresh Guinea pig.—*Medical World.*

For Our Patients.

AN OVERSIGHT OF MAKE-UP.

A sweet little baby brother
Had come to live with Flo,
And she wanted it brought to the table,
That it might eat and grow.
"It must wait for a while," said grandma,
In answer to her plea;
"For a little thing that hasn't teeth
Can't eat like you and me."

"Why hasn't it got teeth, grandma?"
Asked Flo, in great surprise.
"Oh, my! but isn't it funny?
No teeth, but nose an' eyes.
I guess," after thinking gravely,
"They must have been forgot.
Can't we buy him some like grandpa's?
I'd like to know why not."

That afternoon to the corner,
With paper and pen and ink,
Went Flo, saying: "Don't talk to me,
If you do, it'll 'sturb me think—
I'm writing a letter, grandma,
To send away to-night,
An' cause it's very 'portant
I want to get it right."

At last the letter was finished,
A wonderful thing to see,
And directed to "God in Heaven."
"Please read it over to me,"
Said little Flo to her grandma,
"To see if it's right, you know."
And here is the letter written
To God by little Flo.

"DEAR GOD: The baby you brought us
Is awful nice and sweet,
But 'cause you forgot his toofies
The poor little thing can't eat.
That's why I'm writing this letter,
A purpose to let you know;
Please come and finish the baby,
That's all. From LITTLE FLO.

—*Pittsburg Post.*

THE PROPER PERSONAL CARE OF THE TEETH. *

[From pamphlet published by Illinois Dental Society.]

"The general attention required for the preservation of the teeth are:

1. Proper Nourishment.
2. Healthful exercise.
3. Cleanliness.
4. Professional Treatment.

I. PROPER NOURISHMENT.

It would be a mistake to suppose that any especial care is necessary to provide for the nourishment of the teeth in addition to that required for the bones and other parts of the body, and but little can be said about it that would not have equal importance in its relation to the nourishment and growth of the whole system. The teeth and the bones are composed, in large part, of the salts of lime, a tenacious cement, and bloodvessels and nerves, and it is necessary, therefore, that the daily food should contain such substances during the period of growth as to furnish both the teeth and bones with sufficient material for their proper size, strength, and solidity, and after growth is completed a sufficient amount to repair waste and provide for the nutritive changes constantly taking place. The dentine and the enamel of the teeth, being harder than the bones, and with far less circulation of the nutrient fluids through their substance, are much less subject to change after their growth is completed than are the bones, and it is doubtful if defects of structural development, or imperfections of calcification, are ever afterward repaired, as is often with the bones.

The ordinary variety of food found on the tables of most families in this country, "such as milk, eggs, fish, oysters, flesh of animals, wheat, rye, oats, and many of the grains, fruits and other vegetables, contain, in their natural state, bone-forming elements." "Food appropriate for substance may have its nutrient quality impaired by imperfect methods of preparation, and when rightly prepared, needs to be regularly taken, thoroughly and slowly masticated, properly digested and perfectly assimilated."

"Artificial preparations of lime salts, etc., taken as food or medicine, will not materially or directly benefit or strengthen the teeth."

"Delicacies and any form of artificial food should be used sparingly and usually only in combination with natural food." Impure candies, adulterated syrups, etc., may prove harmful to the structure of the teeth. "The occasional and temperate use at proper times, of

* The editor is indebted to Dr. Arthur Holbrook for permission to make numerous quotations from his pamphlet entitled "Personal Care of the Teeth." The order of arrangement and some of the phraseology have been used in a few instances where the literal quotations were not made.

pure sugar, candies, cakes, and other forms of properly prepared sweets, will not ordinarily affect the teeth injuriously, but their habitual lavish or immoderate use will sooner or later destroy the best teeth."

"The practice of indulging in these luxuries, particularly by children, at night, is a very injurious one and is to be especially condemned."

II. HEATHFUL EXERCISE.

"The natural use of the teeth is calculated to assist in their healthful preservation." "Many teeth suffer from lack of proper, natural exercise." The biting and chewing of ordinarily hard food promotes the cleanliness of the teeth and gums, causes the natural flow of saliva, and the action of the muscles and the strain brought to bear on the sockets of the teeth, the bones of the jaws, etc., tends to the development of the jaws and face to the proper size and symmetry, and their preservation in health and perfection afterward. Exercise has the same relation to the health and growth of these parts that it has to all others.

Two or three general causes operate to prevent many from giving their teeth and jaws sufficient exercise. One is a custom, supposed to prevail in many families, of preparing almost all food so as to be too soft to require chewing, or the habit of eating so hurriedly as to swallow the morsels before they are properly divided and mixt with the saliva. The other is the presence of decayed cavities in the teeth, which become so sensitive as to cause the avoidance of particular teeth, or of one side of the mouth, or else the refusal of all hard food.

Favoritism for one part of the mouth should be avoided, and "If anything interferes with the free use of any tooth it ought, if possible, to be remedied at once."

"*The unnatural use of the teeth is calculated to assist in their untimely destruction.*" Biting hard substances requiring great or even unusual force, such as threads, strings, needles, nuts, hard and tough candies, etc., is not only injurious to the teeth, but is also destructive to the best work of the dentist."

III. CLEANLINESS.

Regular and thorough cleaning of the teeth (and mouth) is the most important of all means personally available for their preservation. "It also adds to the comfort of the individual, the beauty of the face, the purity of the breath," and increases the pleasure derived from the sense of taste, promotes good digestion, and greatly diminishes the liability to inflammatory diseases of the gums and throat.

"Very many teeth suffer from insufficient cleaning, or from the improper methods employed." "Very intelligent, and in other respects fastidious people, sometimes err, unintentionally, in this respect." "The essential requisites are: First, a suitable brush, with bristles neither

very hard, nor very yielding, nor very long." If a new brush is stiff, or harsh, it may be softened by putting it in warm water a moment of two; the length of time and the degree of heat will determine the amount of softening. Brushes should be placed so that they will dry when not in use; otherwise they will soon become too soft to be of much service. The most important movements of the brush are those which carry the bristles from the gums toward the grinding surfaces of the teeth, and these movements are easier if a curved brush is used. If, in addition to the curvature (both of the brush and the handle) the tuft of bristles at the extreme end is longer than the others, the teeth in the back part of the mouth can be reached more effectively. The outer surfaces of these need very especial care. The brush should be used on both the outer and inner surface of the teeth and their grinding surfaces, and with such variety of motions as may most completely remove the particles of food, etc., from all parts of them. After brushing, the mouth should be thoroughly rinsed to wash away all particles dislodged by the brush and to cleanse the surfaces of the tongue, cheeks, etc. The teeth ought always to be brushed after eating, if possible, and with never failing regularity after the last meal of the day, or at bed-time.

"Second, a quill tooth-pick, long, slender," with a thin, blunt point, "and smoothly trimmed. (Wood and metal are inferior.) This should be used especially after meals, and both before and after brushing, for removing food and accumulations from between and around the teeth."

"Third. Either or both of the following: 1. Waxt dental floss, or, 2. A small, tough, elastic, rubber string. These must be used in connection with the brush and tooth-pick for cleansing places between the teeth that are inaccessible to other appliances," "If the floss or rubber will not pass, or if caught or torn in passing, trouble may be suspected at that point, and ought to receive immediate professional attention."

If the brush, with water, does not afford friction enough to keep the teeth free from deposits, (and in many instances it will not, unless used frequently), a tooth powder should be used, and should be chosen with the advice of a dentist. Sufficient friction should be used to keep the teeth clean, but it should be of such sort as not to affect the enamel of the teeth injuriously during a lifetime.

Mouth washes or lotions may often prove useful or agreeable, but they should be used with the direction of the dentist.

The South Carolina Dental was quite a success—a good attendance and a good meeting.

Facetious.

An Irishman, having a goodly share of the ready wit characteristic of the Celtic race, called on a New York dentist, and pointing to a dilapidated tooth, asked his price for extracting it without pain.

"I will charge you two dollars, if you take laughing gas," said the dentist, in a nonchalant mood.

"'N spozen, docthur, yaes took this ere feller oot too," putting his index finger on a woe-begone molar, "wat wud thot be?"

"One dollar," said the dentist, in perfect innocency of evil intent on the part of his patient.

"Well, then, be jabers, replied the Irishman, "yaes may take oot this divil fust, 'n I'll sa what kind ov a job yaes makes ov it," saying which he seated himself in the dental chair, and the dentist commenced drawing off gas to be used in the inhalation.

Pat took the gas nicely, but before he was fully transported to the land of sweet dreams he had used up two large bags of the aeriform fluid. The operation turned out a success, however, and when the patient recovered his senses, tho a trifle bewildered, he was able to distinguish clearly between the figures which had been named to him by the dentist. Said he:

"Be jabers, me mon, yaes has made an illigant job of it intoirely, 'n win I have the tother tooth oot it's meself as I'll git you to do it." He then handed the expectant dentist one dollar and started for the door.

"Hold on!" exclaimed the dentist, with a countenance sad as an undertaker's while superintending a rich man's funeral, "I charge two dollars for extracting a single tooth with laughing gas."

"'N didn't yaes told me, to me face, that it would be one dollar for this tooth?" inquired the Irishman, with an injured look. "'N now yaes is askin on me dooble the price, but I'll not be afthur pay'n on it, bad luck till yaes." Pausing a moment, he added: "I'd see the whole koontree boombarded by the Anerkists afore I'd do it."

"I told you," the dentist replied, in apparent mental anguish, "that I charge two dollars for the first tooth, and one dollar each for as many more as are extracted at the same sitting."

"'N be the howly Moses, it wuzzen't the fust tooth yaes took oot, at all, at all; it was the second tooth, so don't be afthur try'n to chate a poor divil, like meself, for yaes kan't do it, by Gorro! Win I wants the two dollar tooth oot, I'll let yaes do it and pay yaes wages like a gintleman," saying which Pat left the dentist to meditate on the awful uncertainty of all transitory things, and especially of Irishmen.

Another New York dentist had a similar experience with a coarse,

poorly dressed Irishwoman, who, after concluding a bargain with him, for extracting all her upper teeth, asked him how much extra he would charge her for taking out an under tooth that she said was paining her very much.

"Under the circumstances," said the obliging dentist, "I will charge you nothing for that."

"Thin, plaze, take it oot fust," she said, "fur it's been tazen' the very loif out ov me fur I kan't tell how long."

As this tooth was a third inferior molar and crowded on the ramus, the crown, too, being mostly gone, the operation of extracting it was difficult and protracted, and the patient, therefore, was fully awake when the work was accomplished, tho yelling all the time as if taking a hasty journey through purgatory and being pursued by an old gentleman having horns on his head and a pitch-fork in his hand—emblems, it is said, of his authority.

"Oh, glory be to God!" she shouted, when assured by the dentist that her aching tooth was out—"'n yeas is a gintlemon I kin reckummend to me frends; 'n sure I didn't fale it a bit, 'n it's kum'n to yaes, I am shortly, to hev the others oot; indade I am, God help'n me."

"I thought you were to have me finish up now," thundered the dentist.

"I'se got to sa the old mon fust, do yaes moint, so as to git the money thin, by me sowl, I'll be afthur come'n to yaes at wunst; faith 'n I will."

"Very well," said the dentist, with mental anguish depicted on his face; "very well, madame; but I want you to pay me now for what I have done, as my terms are strictly cash."

"Fur what yaes has done! is it, yaes is say'n?" she exclaimed, in apparent amazement, "win yaes towld me yaes wouldn't ask ennythin' for taken' oot that ere tooth! I thot yaes wuz a dacent 'n well rared gintlemon, but if I has me sentzes, I'm desaved—shame wid yaes, try'n to take advantage of a lone, rispectible woman."

"I promised to extract that tooth in connection with your other work ordered, and, as you decline to do as you agreed, I want one dollar and a half on the spot," the dentist replied in an agony of mind.

"A dollar and a half, is it yaes a-sayin'? Be the howly St. Patrick, yaes wants to make a fortin ute ov me, do yaes? A dollar and a half! which, glory be to God, I haven't got, and if I had I wuddent guv it fur yaes whole shebang 'n yaes throwd in ter boot—a dollar and a half! I niver heerd of sich a divil, bad luck till yaes."

When this speech was concluded the bird departed, leaving the dentist to his reflections.—*The Practical Dentist.*

Editorial.

Well, we are at the close of the eleventh year of our magazine. We are proud of the fact that so many have continued with us from the first, and that we have so many fast friends. It does seem as tho the readers of the ITEMS OF INTEREST were a little family—well a pretty large family now—a family in the sense of familiarity and brotherly feeling. In our intercourse we have not been as dignified and reserved as strangers, or even as a professor with a multitude of students, or of a professional author with his readers. It has been our chief effort from the first number to the present, to place before our readers living, practical, useful facts, that can be applied to everyday practice; to interest, to educate and to develop skill; and to give hints that shall make the dentist more professional, more acceptable, and more successful..

Have we succeeded? Our readers' answer is unmistakable, for it is seen in the constant increasing subscription list. It is much larger than ever before. This cheers us. All should be thankful for the profound learning displayed in the exhaustive essays, and the voluminous and detailed reports of dental societies spread on the pages of some of our worthy contemporary journals. We have not had room for either. But while you have no doubt studied to be benefited by both, we have been very busy gleaning wheat from wherever we could find it, and giving it to you in a plain unpretentious way, for your everyday's consumption.

Will you follow us during another year? We think you will, and will bring as many of your neighbors with you as you can.

HOW IS FOOD TRANSFORMED INTO LIVING TISSUE?

We are a mystery. Our formation and the spring of our activities are mysteries. The very origin of life and its processes, the phenomena of development and growth, of maturity and power, of diversity and unity, of capacity and adaptation, are mysteries.

What a wonderful living organism—a complication of organisms, each essential to make up a complete, useful, enduring life. The many organisms of this organism are dissimilar but not conflicting, complicated but not chaotic, intermixed but not absorbing; each is doing its work with distinctness, but in harmony, their activities are diversified but supporting, and with intelligent instinct each keeps its place, guards its dominion and completes its duties; yet each continually helps its neighbors, running in every part of every other dominion to give richness and support and completeness to the whole.

We cannot now give even a summary of the nature, activities,

purposes and powers of all these systems; let us confine ourselves to a brief description of the three that comprise nutrition. But of course, tho we avail ourselves of knowledge wherever we may find it, our description will not be complete, and may in some details be erroneous; for with all man's boasted wisdom, he is a child playing with pebbles on the beach, with a vast ocean of unsolved problems before him.

As the first process of nutrition we have the *alimentary canal*, commencing with the mouth and ending with the long coil intestine. This canal constitutes *the feeding system*. Some call it the body's furnace, in which is consumed the fuel that keeps the vital fires burning. But this is not true, for tho these combustibles produce fire, they are not consumed, but changed—nearly its whole substance, is transformed first into chyme and then into chyle. The normal process of each division of this system is essential. If the food is bolted down in great mouthfuls without proper mastication, the teeth will rot for want of work (everything idle becomes inefficient), and the stomach will become disordered by taking on the labor of the teeth. The very gullet will become thus injuriously distended, and it will be so taxed by a large unmasticated mass of hard food, that the peristaltic movement of its strong rings of muscle are not sufficient to carry the bolus on into the stomach. Immediate strangulation and death follow.

The food must contain all the elements of the body; and for the stomach to be able to reduce this crude complication of vegetable, animal and mineral material into an even paste of chyme, it must be received in a proper comminuted or insalivated condition. Then it can be passed on into three sections of the small intestine—the duodenum, the jejunum and the ilium—to be reduced to chyle by the action of the bile from the liver, the pancreatic juice from the pancreas, and a combination of fluids and chemicals from its own ducts.

That this action on the food may be normal, and the assimilation perfect, the food should be taken without much water or other fluid; for when the food is in a fluid state, the water has first to be absorbed by the coats of the stomach before a pasty chyme can be formed, and the chemicals of the stomach are so diluted as to make imperfect chyme; it is, therefore, thrown on into the duodenum, not as a smooth, uniform paste, as it should be, but as a fluid, with much indigested matter to ferment and to irritate the coating of the intestine. Both this excessive fermentation and this irritation produces the severe cramps and pains so often experienced, and sometimes inflammation and fever; also indigestion and dyspepsia, and alternate constipation and diarrhea or dysentery, all of them may become very obstinate and chronic. It is not infrequent that simple abstinence from drinking, especially at meals, will cure either or all of these disorders, if with

this precaution, is swallowed, with plain food, a little common sense.

It is a popular belief that the passage of the bile from the liver is into the stomach, and that the presence of bile there is essential to digestion. We often hear of "a bilious state of the stomach," as indicating an excess of this fluid from the liver. But bile is never found in the stomach, unless it is by the retroaction of the small intestine—a vomiting of the contents of the duodenum into the stomach—and this is very infrequent, on account of the valve at the lower end of the stomach, which, while it opens to send down the chyme, it is closed to anything passing upward, except when it is in a disordered state. The passage of the bile is through a duct from the liver to the duodenum, three or four inches below the stomach.

A GOLD MINE AT OUR DOOR.

Dreamers of riches in far off lands, open your eyes to see what is already within your reach. There are nuggets of gold now in the rivulet by your path; search for them. Yes; they are in sight, winking and blinking, sparkling and glowing in the golden sand you are treading on. If you were observant, you would see how surprised they are that you do not hug them to your bosom.

It is not so much the inequality of our possessions that makes us differ in wealth, as our ability to discover what we have, our keenness to discern their uses, and our skill to apply them to life's ends.

An Arab passing a beautiful brook by a tent, stopt to fill his water bag and to give his camel drink, before penetrating the desert. As he did so, he discovered queer little pieces he believed to be valuable.

"Where is your master?" said he to the servant at the tent door.

"Gone on the desert as a burden carrier," was the reply.

"But is he poor, that he should serve another?"

"Yes, he is very poor; for the Fakir gives him little for his services."

"Does he not possess this brook, and this field, on the border of the desert?"

"Yes, but it is nothing; there is nothing till you get very many miles back. He has lived here all his life, and he is the poorer every year."

"Give me his track and I will find him."

The footprints of his master's camel were shown, and the stranger hastened away on the narrow, lonely path. The next day toward evening, he overtook the burden carrier, sitting beside his beast hungry and weary, disheartened with his hard lot.

"Ah, my friend," said the seeking Arab, "and what do you here?"

"I am wearily on my way to yon Oasis, to deliver this burden from my lord."

"And is this your exhausting, unrequited occupation, when you are as rich as Cresus?"

"Ah, sire," said the forlorn traveler, "I am not rich; I am very, very poor."

"I'll make you rich then, right here. What will you take for your possessions at the brook?"

"It is worth nothing, sire; it is worthless."

"Here; I will give you my bag of gold for it!"

"A bag of gold?" the despondent burden bearer replied.

"Yes;" and he poured out the bright, precious coins into the lap of the dejected traveler. He had never seen so much wealth; or rather, he had never realized that his little home could be worth a tithe of it, tho he had all his life been worth many times its value, without knowing it.

"My possessions are yours," said he; "I give you every thing;" and they both pushed on to the Oasis to consummate the exchange.

Both were happy: one in what he had lost, the other in what he had gained. How often this is true to the very life! Many are happy in parting with inestimable possessions for a trifle that is soon spent; and others are happy in grasping golden opportunities by which they enrich themselves. A rich gold mine was here given for a paltry purse of gold, and a rich gold mine bought for a trifle.

The stranger who had eyes to see and intelligence to appreciate value, became immensely rich, by the same field which the other called worthless; and the little brook, which had all these years wasted itself on the neighboring desert, was made to wash a wealth of precious nuggets from the soil, and then by irrigation to make a garden of the neighboring waste.

Thus, dear reader, if we had eyes to see, intelligence to appreciate, and zeal to execute, we should find a gold mine at our feet. But we wander about with our eyes shut, our thoughts drowsy, and our faculties dull, in all manner of directions and places, to find our work and our wealth, when both are seeking our acquaintance at our very door; we stumble over precious treasures, and yet go on starving; we cry as beggars to every passer-by, when 'tis but to open our eyes to find ourselves abundantly supplied.

Our nuggets of gold may not be those found in the sand, but they may be more precious. If we do not find the literal brook that can turn the desert into a garden, we may find one still more to our purpose. The brain is full of hidden treasures that might be made to glow with wondrous beauty and richness, if light could penetrate its dark region.

The beautiful brook of golden opportunities is rushing by our door burdened with treasures, and all nature is laughing at us as it is handing us riches, and honor, and glory.

FERDINAND T. S. GORGAS, M.A., M.D., D.D.S.

[See Frontispiece.]

Prof. Gorgas is fifty-four years old, he graduated in Dickinson College in 1853, and in the Baltimore Dental College in 1855, and became a Professor of Chemistry in this College in 1858. For twelve years he was Dean, and for twenty-three years filled the chair of Principal of Dental Science. He graduated in medicine in the University of Maryland in 1864, and with the exception of Dr. J. Taft, he is the oldest teacher in Dentistry in any college in the world. He has revised every edition of "Harris's Principles of the Practice of Dentistry," since the death of the author. He is also the author of the popular text book known as "Gorgas' Dental Medicine" and of "Questions Pertaining to the Curriculum of the Dental Student," and he has been editor of the *American Journal of Dental Science* since the issue of the third series in 1870. Since 1882 he has been Professor of the Principles and Practice of Dental Surgery, and Dean of the Dental Department, of the University of Maryland.

Dr. J. F. Frantz, President of the Wilmington Dental Company, is in Europe attending to the interests of the firm. This company has nearly doubled its capacity and its trade each year since its organization. It is now doing quite a foreign business.

Dr. C. E. Welch, son of the editor, and partner in the previous house of T. B. Welch & Son, has also gone to Europe in the interest of William Taylor's African Missions. The Bishop is now in England, and Dr. C. E. Welch and his father are both warmly interested in his success, and publishers of his magazine, *The African News*.

Perry Davis' Pain Killer.—A correspondent of the *New Idea* sends the following formula for a preparation he has long sold as Pain Destroying Hot Drops, and which he says cannot be told from Perry Davis' Pain Killer:

Alkana	1 ounce.
Myrrh, powdered	3 "
Guaiac resin	2 "
Camphor	1 "
Tinct. opium	4 "
Capsicum	4 "
Alcohol	2 pints.
Water	2 "

Macerate several days and filter.

UNIVERSITY OF MARYLAND, DENTAL DEPARTMENT.

This school was organized in the year 1882, under a charter granted by the Legislature. The University of Maryland, of which this dental school forms one of the departments, was originally composed of medical, law and theological departments, its medical school having been organized as early as 1807, being the fourth oldest medical school in the United States. The theological department had a prosperous career till the establishment of purely theological institutions, when it was changed into a literary department, which continued till ten years ago.

The medical and law departments have had a continuous and prosperous existence since the date of their organization, and among their alumni are many who have occupied exalted positions in their respective professions.

In 1837, the first dental lectures in America were delivered in the University of Maryland by Dr. Horace H. Hayden, who was some years afterward associated with Dr. Chapin A. Harris and others in establishing the Baltimore College of Dental Surgery, the medical portion of whose faculty were graduates of the University of Maryland.

The rapid advance of the art of dental surgery, and its recognition by the leading dental associations as a specialty of medicine, placed it, with oral surgery, in a more exalted position than it formerly occupied. The advent into its ranks of a large number of intelligent men, created a new impetus to thought and investigation, and led to the establishment of the University of Maryland Dental Department.

The first session of the University of Maryland Dental Department opened with sixty matriculates in attendance, and the first graduating class numbered thirty-four. Ever since its organization there has been an annual increase of students to considerably over one hundred, and its graduating classes to over fifty. There are one hundred and thirty students now in attendance. Two years after its organization the Dental Infirmary and Laboratory building, which was erected especially for this Dental Department, was enlarged by the addition of two extensive wings, and during the past summer another addition has been added—almost as large as the original building—making a dental infirmary about one hundred feet long by forty feet wide, with a corresponding addition to the dental laboratory. An extensive Museum Hall has also been added, which contains the large number of pathological and other specimens which have been presented and collected during the past years of its existence from all parts of the world.

The government of this Dental Department is wholly vested in its dental faculty; the dental professors ot which are members of the Board of Regents of the entire University of Maryland.

Suicide from Toothache.—On Monday last an inquest was held before Mr. R. Blagden, at Monk's Common, Nuthurst, touching the death of a young man, aged eighteen, named William Dinnage. It appeared from the evidence that the poor fellow suffered the most excruciating torture from the toothache for the last four or five months, during which time he was observed to cry, day by day, for hours together. The jury found that the deceased committed suicide while laboring under temporary insanity, induced, the coroner stated, by the torture to which he was subjected.—*Dublin Med. Press.*

The Dental Department of the Iowa State University had 46 students in 1887, 75 in 1888, and for the present session 110 have enrolled, while a number have been refused for want of room. The State will undoubtedly provide means for increased accomodations before the next term opens. The cause of this influx of students is not difficult to comprehend. The management has been quick to appreciate the value of modern methods in teaching, and not afraid to spend money to secure competent persons to impart instructions in them. Such a course is sure to win success.

The Journal of Railway Surgeons starts on its second year with a specialty of medicine new, interesting, and important.

Haskell's Student's Manual of Mechanical Dentistry is a plain, concise, intelligent, treatise by one who has spent many years in this specialty of dental practice. Wilmington Dental Co., Philadelphia, Publishers.

The Sanitary Era is a monthly published in London and New York. It is well worth the study of every intelligent citizen. Wm. C. Conant, P. O. box 3059, New York. Price, $1.00.

The Transactions of the Illinois Dental Society is quite a full report of proceedings. Unless Eastern societies are wide-awake, those Western associations will show the greater advancement.

The following resolution unanimously adopted by the Central Illinois Dental Society, October 8: *Resolved*, That unprofessional advertising by dental colleges, for patients, is disreputable and demoralizing to the dental profession.

We see Claude Rogers' bridge work, at the International Dental Congresss, at Paris, is highly commended. It not only shows artistic workmanship, but it is exceedingly ingenious. A feature that highly commends it, is that it is removable.

Miscellaneous.

Lifting the Sick is a Knack.—After a baggage master employed at the Broad Street Station had vainly tried to lift his invalid father, a petite girl, a graduate of the Nurses' Training School of Philadelphia Hospital, came silently floating into the room, like a bit of zephyr, and gave the burly sick man just the turn he needed.

Piles.—I regard the treatment and cure of piles by injection an easy matter. Use any speculum or syringe you like. Any way to get at them. I use a weak solution of carbolic acid in distilled water—nothing else. Inject until the tumor turns white. If the tumors are large, inject only one at each treatment. Operate in ten days, and so on until all are removed. The treatment is nearly painless, does not detain the patient from business, is not dangerous, and is certain in its results.—DR. OREN O'NEAL, Louisville, Ky.

Excision of Nerve in Neuralgia.—Dr. Markoe related to the Medical and Surgical Society of New York the case of a clinical patient on whom he operated for tic douloureux by the removal of a of a portion of the inferior dental nerve. The man had suffered during ten years, several attacks annually. During the past two years his sufferings have been almost without cessation, and aggravated occasionally by very severe paroxysms. Section of the supra-orbitar nerve had produced little or no effect; the mental nerve had also been divided without relief. The pain had lately become localized in the mental and dental branches—occasionally radiating to upper branches. A removal of a portion of the dental nerve was advised. This operation was performed. The bone was laid bare and chiseled so as to expose the canal of the inferior dental nerve. One inch of the nerve was removed. It seemed congested, and considerably hypertrophied, but microscopic examination did not detect any change of structure. The relief of the pain was almost immediate. He has had but one slight paroxysm of pain since the operation, six weeks ago, and is now well enough to return to his occupation. Dr. Markoe thought the case remarkable for the rapid subsidence of pain after the operation. The sensibility of the jaw is being gradually restored.

Dr. Parker, in connection with the discussion that followed, related a case where he removed an inch and a half of the posterior tibial nerve for neuralgia, affecting the ramifications of this nerve in the foot. The pain subsided for a time after the operation, but returned. The limb was then amputated. The specimen, which is now in the museum of the College of Physicians and Surgeons, shows that the continuity of the nerve was restored after the operation, either by the formation of nerve, or of substance capable of performing the function of nerve.—*American Medical Times.*

A Superior Glue.—Dissolve three parts of india-rubber in thirty-four parts of naphtha. Heat and agitation will be required to readily effect the solution. When the rubber is completely dissolved, add sixty-four parts of finely-powdered shellac, which must be heated in the mixture till all is dissolved. This mixture may be obtained in sheets like glue, by pouring it when hot on plates of metal, where it will harden. When required for use it may be simply heated in a pot till soft. Two pieces of wood or leather joined together with this glue can scarcely be sundered without a fracture or tearing of the parts.—*Journal of Applied Chemistry.*

The Best Remedy for Venomous Snake Bites.—L. G. Lincecum, M. D., writing from Texas to the *Southern Practitioner*, says: Permanganate of potash is a successful remedy. I have treated more than one hundred cases in Texas, and have used whiskey, soda bicarb., spt. ammonia, turpentine, chloroform and other remedies, but have found that potas. permanganas, in one or two grain doses, hypodermically, and chloroform locally and by inhalation, are undoubtedly the most certain and successful remedies in bites of venomous reptiles I ever used. I have never seen a case treated with these two remedies result fatally.

Pretty Experiment in Chemistry.—The *Practical Teacher* gives the following simple experiment in chemistry, which any child can try: "Cut three leaves of red cabbage into pieces, and, after placing them in a basin, pour a pint of boiling water over them, letting them stand an hour; then pour off the liquid into a decanter. It will be of a fine blue color. Then take four wine-glasses—into one put six drops of strong vinegar; into another six drops of solution of soda; into the third the same quantity of a strong solution of alum; and let the fourth glass remain empty. Fill up the glasses from the decanter, and the liquid poured into the glass containing the acid will quickly change to a beautiful red; that poured in with the soda will be a fine green; that poured in with the alum will turn to a pretty purple; while that poured into the empty glass will remain unchanged."

Thirty Years in a Man's Body.—Dr. Nisson relates, in the *Madgeburger Zeitung*, the following case which has come under his observation: "I have just extracted," he says, "from the arm of a patient of mine, an iron-founder, a darning needle seven centimetres long, which was imbedded in a muscle the (*triceps brachii*). The needle was completely black from oxidation, and had for years caused great pain to the patient, who was supposed to suffer from rheumatism in various parts of the body, and had been treated for that disease by numerous doctors without success. As the man has no recollection of a needle running into him, it is probable that it must have done so in his early childhood, and that it has been traveling about his body for some thirty years before it was discovered. It is worthy of note that when he was two years old he was treated for some months for disease of the spine, the appearance of which disease may have been caused by the presence of the needle in the neighborhood of the spine, and the irritation consequently set up."